

|  |                            |               |                              |   |                                   |                               |  |
|--|----------------------------|---------------|------------------------------|---|-----------------------------------|-------------------------------|--|
| <u>William Bailey</u>  |                            |               |                              |   |                                   | CERTIFICATE OF DEATH          |  |
| Died at <u>Forest Hill</u>   |                            |               | County <u>Havre de Grace</u> |   |                                   | <b>MARYLAND</b>               |  |
| Date of death <u>1905</u>  | Month <u>February</u>      | Day <u>11</u> | Age <u>81</u>                | Years                                     | Months <u>7</u>                   | Days <u>4</u>                 |  |
| Sex <u>Male</u>  | Color or Race <u>White</u> |               |                              |   | Birth-place <u>Havre de Grace</u> | <u>Havre de Grace Co. Md.</u> |  |
| Occupation <u>Farmer</u>   |                            |               |                              | Where Residing if not at place of death   |                                   |                               |  |
| Married, Single or Widowed <u>Widower</u>                            | Name of Wife or Husband    |               |                              |   |                                   |                               |  |
| Father's Name <u>John Bailey</u>                                     |                            |               |                              | Father's Birthplace <u>Ohio</u>           |                                   |                               |  |
| Mother's Maiden Name <u>Mary Barnes</u>                              |                            |               |                              | Mother's Birthplace <u>Havre de Grace</u> |                                   |                               |  |
| Name of person giving information <u>J. B. Bailey</u>                |                            |               |                              | How related to deceased <u>Son</u>        |                                   |                               |  |
| <b>CAUSES OF DEATH</b>   |                            |               |                              |   |                                   |                               |  |
| Primary <u>Pneumonia</u>   |                            |               |                              | <u>93</u>                                 | How long <u>Two weeks</u>         |                               |  |
| Immediate <u>Heart failure</u>                                       |                            |               |                              | <u>4 days</u>                             | How long                          |                               |  |
| Are the name, age, sex, color, date and place correctly given above? |                            |               |                              | Signature of Physician                    |                                   |                               |  |
| Yes  |                            |               |                              | <u>Geo. W. Davis M.D.</u>                 |                                   |                               |  |
|  |                            |               |                              | <u>Pleasantville</u>                      |                                   |                               |  |
|  |                            |               |                              | <u>Md.</u>                                |                                   |                               |  |

Rock Run

Early 13-05

Name  
in  
Full

Bertha P. Bay

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |  |             |          |        |      |
|---|--|-------------|----------|--------|------|
| Died at   | Town   | County      | MARYLAND |        |      |
| Date of death 19  | Month  | Day         | Years    | Months | Days |
| Sex   | Color or Race  | Age         | 46       | 1      | 23   |
| Occupation  | Where Residing if not at place of death                |             |          |        |      |
| Married, <input checked="" type="checkbox"/> or Widowed | Name of <input checked="" type="checkbox"/> or Husband | Dail A. Bay |          |        |      |
| Father's Name   | R S Parke  |             |          |        |      |
| Mother's Maiden Name                                    | Tallie A. Whiteford                                    |             |          |        |      |
| Name of person giving information                       | Mary Castrough   |             |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Arteriosclerosis

How long

3 months

Immediate

Angina Pectoris

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

80

Wheatley

Wella Pa

Accident or Suicide?

Slate Ridge Cen<sup>tr</sup>

Feb. 10<sup>th</sup> - 05-

Name  
in  
Full

Rovie L. Bond

CERTIFICATE OF DEATH

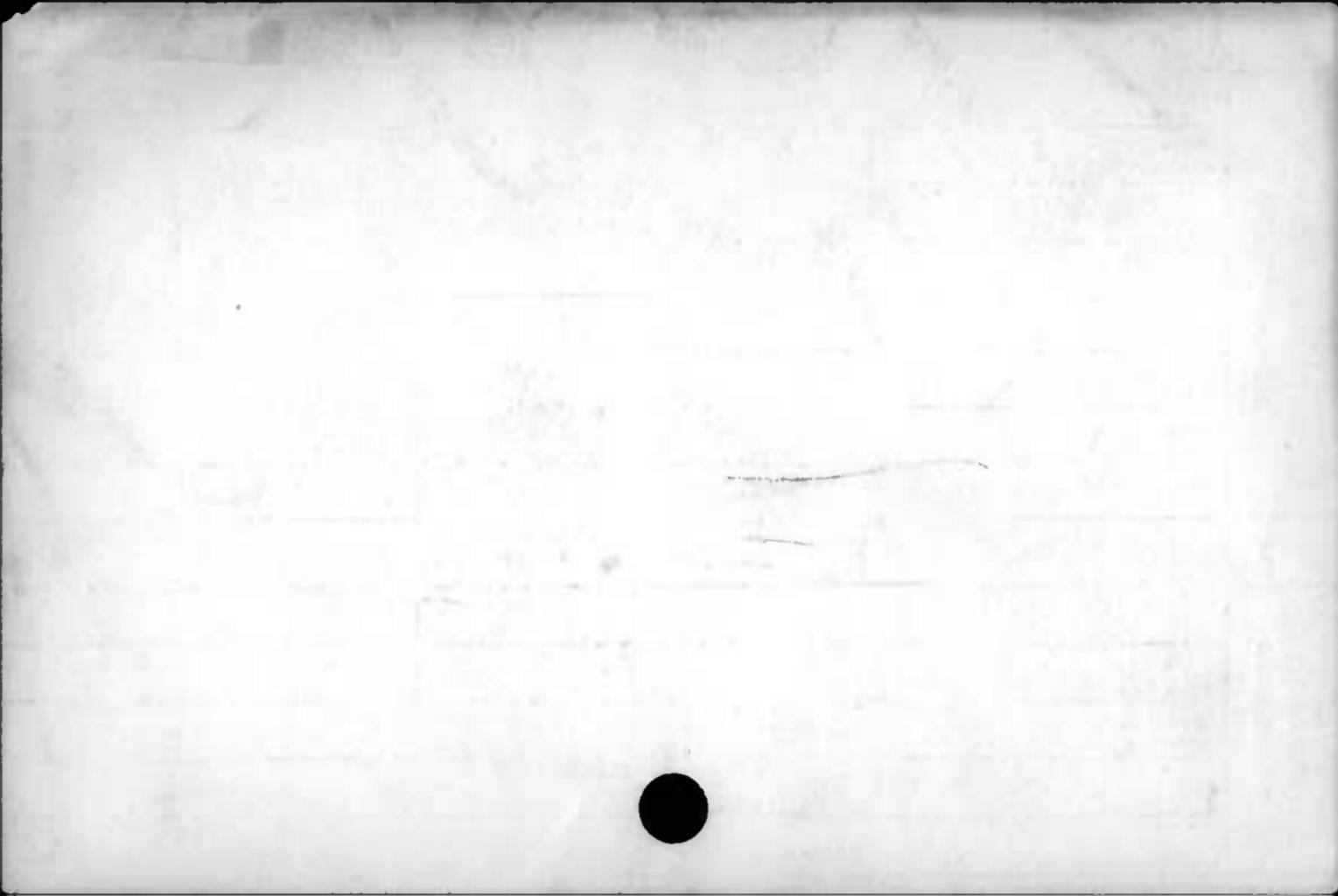
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |             |        |      |
|-----------------------------------|---|-------------------------|-------------|--------|------|
| Died at                           | Town                                    | County                  | MARYLAND    |        |      |
| Date of death                     | Month                                   | Day                     | Years       | Months | Days |
| Sex                               | Color or Race                           | Age                     | 29          | 5      | -    |
| Occupation                        | Where Residing if not at place of death | Birth-place             | Baltimore   |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Father's Birthplace     | Baltimore   |        |      |
| Father's Name                     | Isaac Banks                             | Ind                     | Baltimore   |        |      |
| Mother's Maiden Name              | Blake                                   | Mother's Birthplace     | Baltimore   |        |      |
| Name of person giving information | Wm Tolbot                               | How related to deceased | Brother law |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |              |                        |               |         |
|--|--------------|------------------------|---------------|---------|
| Primary  | Tuberculosis | 20                     | How long      | 6 mos   |
| Immediate  | Exhaustion   |                        | How long      | 3 weeks |
| Are the name, age, sex, color, date and place correctly given above? |              | Signature of Physician | J.A. Callahan |         |
|  |              | Address                | Creswell Md   |         |
| Accident or Suicide?   |              |                        | ✓             |         |



Mrs. Newland Brownson

Town York County Harford MARYLAND

Died at

Date 189

|        |         |         |       |         |                           |            |
|--------|---------|---------|-------|---------|---------------------------|------------|
| Month  | Day     | Y.      | M.    | D.      | Native of                 | Occupation |
| 105    | 1       | Age 17  | Widow | Widower | Maryland                  |            |
| Male   | White   | Married |       |         | Divorced                  |            |
| Female | Colored | Single  |       |         | Number of children living |            |

Husband of

Wife

Father's

Name

Mrs. S. Brownson

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

140

Accident, Suicide, Homicide

Reported by

Dr. T. C. C. M. M.

Address

Charleston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. John G. Roberts M.D.  
of Churchill Hospital.

Seen by Coroner

of

Information contained in this certificate re-  
ceived from

of

Name  
in  
Full

Mary E. Bradfield

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |  |                 |                 |               |      |
|--|--|-----------------|-----------------|---------------|------|
| Died at  | Town                                       | County          | MARYLAND        |               |      |
| Date<br>of death 1905                                | Month 2                                    | Day 6           | Years 65        | Months        | Days |
| Sex Female   | Color or<br>Race                           | White           | Birth-<br>place | Baltimore Co  |      |
| Occupation<br>Housewife                              | Where Residing if not<br>at place of death |                 |                 | -             |      |
| Married, Single<br>or Widowed<br>Widow               | Name of Wife or<br>Husband                 | James Bradfield |                 |               |      |
| Father's<br>Name<br>John Miller                      | Father's<br>Birthplace                     |                 |                 | Baltimore Co. |      |
| Mother's<br>Maiden Name<br>Mary Baldwin              | Mother's<br>Birthplace                     |                 |                 | Baltimore Co. |      |
| Name of person giving<br>Information<br>Michael Boyd | How related<br>to deceased                 |                 |                 | Son           |      |

CAUSES OF DEATH

|  |                                    |  |                            |
|--|------------------------------------|--|----------------------------|
| PHYSICIAN<br>OR CORONER  | Primary<br>Heart disease           | 79                                       | How long<br>about 8 months |
|  | Immediate<br>Bronchitis & drooping | 6 weeks                                  | How long                   |
| Are the name, age, sex, color, date<br>and place correctly given above?<br>Yes |                                    | Signature of<br>Physician<br>R. E. Smith |                            |
|  |                                    | Address<br>Baltimore Co.                 |                            |
| Accident or Suicide?   |                                    | ✓  |                            |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Jane Bond Bradford

CERTIFICATE OF DEATH

MARYLAND

Died at Belair

County

|               |       |     |       |        |      |
|---------------|-------|-----|-------|--------|------|
| Date of death | Month | Day | Years | Months | Days |
| 120           | July  | 12  | 63    |        |      |

|        |               |            |             |
|--------|---------------|------------|-------------|
| Sex    | Color or Race | Occupation | Birth-place |
| Female | White         | Singer     | Maryland    |

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
Information

Augustus W. Bradford

Elizabeth Keen

Samuel W. Bradford

Father's  
Birthplace

Mother's  
Birthplace

How related  
to deceased

Mar

Mo

Brother

CAUSES OF DEATH

Primary

Pneumonia

How long

four days

How long

Immediate

93

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Yes

William J. Archer

Belair - Md.

Accident or Suicide?

11

11

11

Name  
in  
Full

Harriet Salter Brown

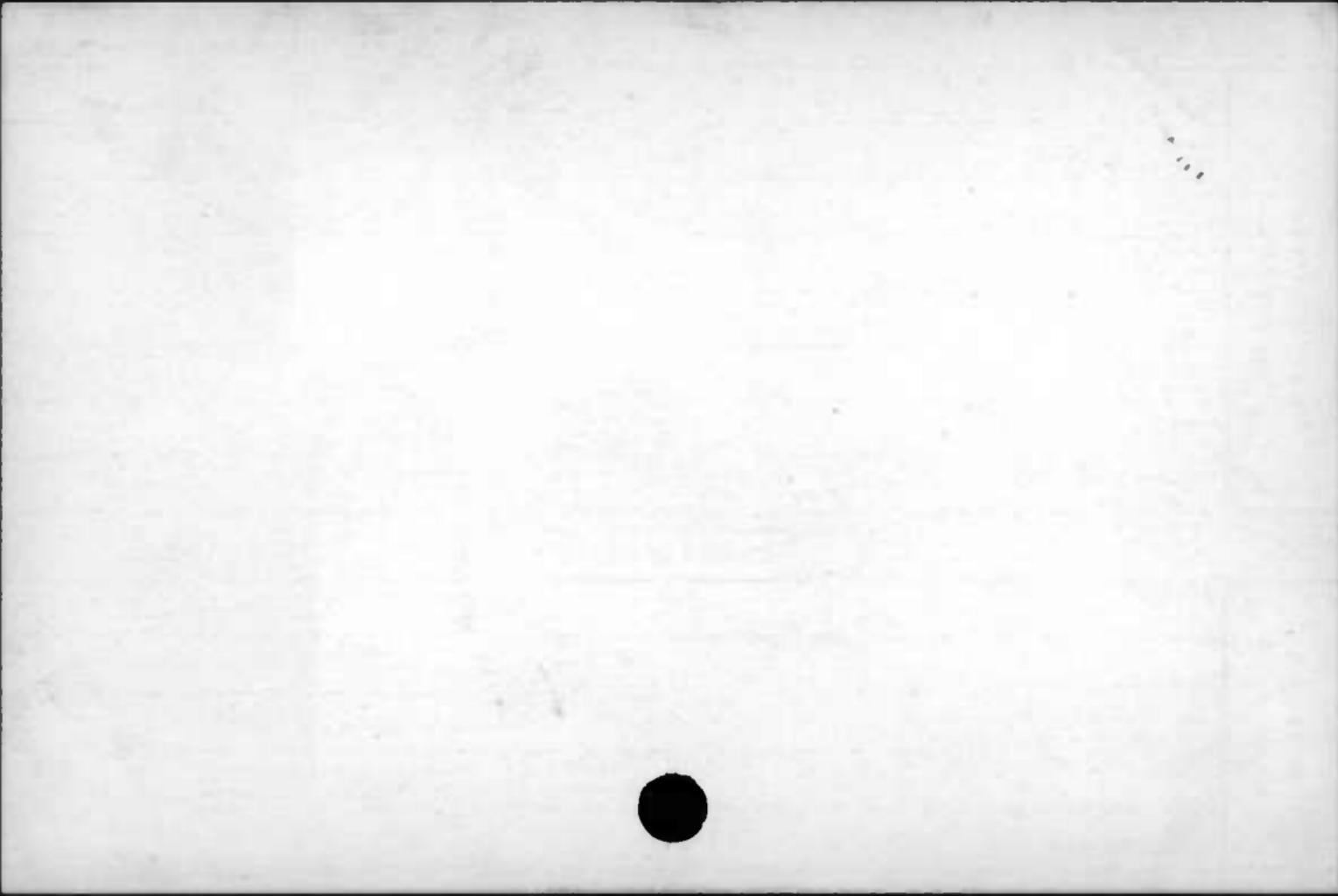
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                      |              |  |             |                            |                     |        |
|--------------------------------------|--------------|--|-------------|----------------------------|---------------------|--------|
| Died at                              |              | Town                                       | County      |                            | MARYLAND            |        |
| Died at                              |              | Swancreek                                  | Harford     |                            |                     |        |
| Date<br>of death                     | 1905         | Month                                      | 2           | Day                        | 23                  | Years  |
| Age                                  |              |  |             | Age                        | 70                  | Months |
| Sex                                  | Female       | Color or<br>Race                           | white       | Birth-<br>place            | Baltimore, Maryland |        |
| Occupation                           | Houswife     | Where Residing if not<br>at place of death |             |                            | Swancreek           |        |
| Married, Single<br>or Widowed        |              | Name of Wife or<br>Husband                 | A. J. Brown |                            |                     |        |
| Father's<br>Name                     | James Pheler |  |             | Father's<br>Birthplace     | Woburn, Mass.       |        |
| Mother's<br>Maiden Name              |              |  |             | Mother's<br>Birthplace     | Ireland             |        |
| Name of person giving<br>information | James Pheler |  |             | How related<br>to deceased | Brother             |        |

CAUSES OF DEATH

|   |           |           |                           |               |        |
|---|-----------|-----------|---------------------------|---------------|--------|
| PHYSICIAN<br>OR CORONER   | Primary   | apoplexy  | 64                        | How long      | 4 days |
|   | Immediate | Paralysis | V                         | How long      | 4 days |
| Are the name, age, sex, color, date<br>and place correctly given above? |           | yes       | Signature of<br>Physician | A. J. Kennedy |        |
|   |           |           | Address                   | Anderson, Md. |        |
| Accident or Suicide?  |           |           |                           |               |        |



Name  
in  
Full

Verna E Casey

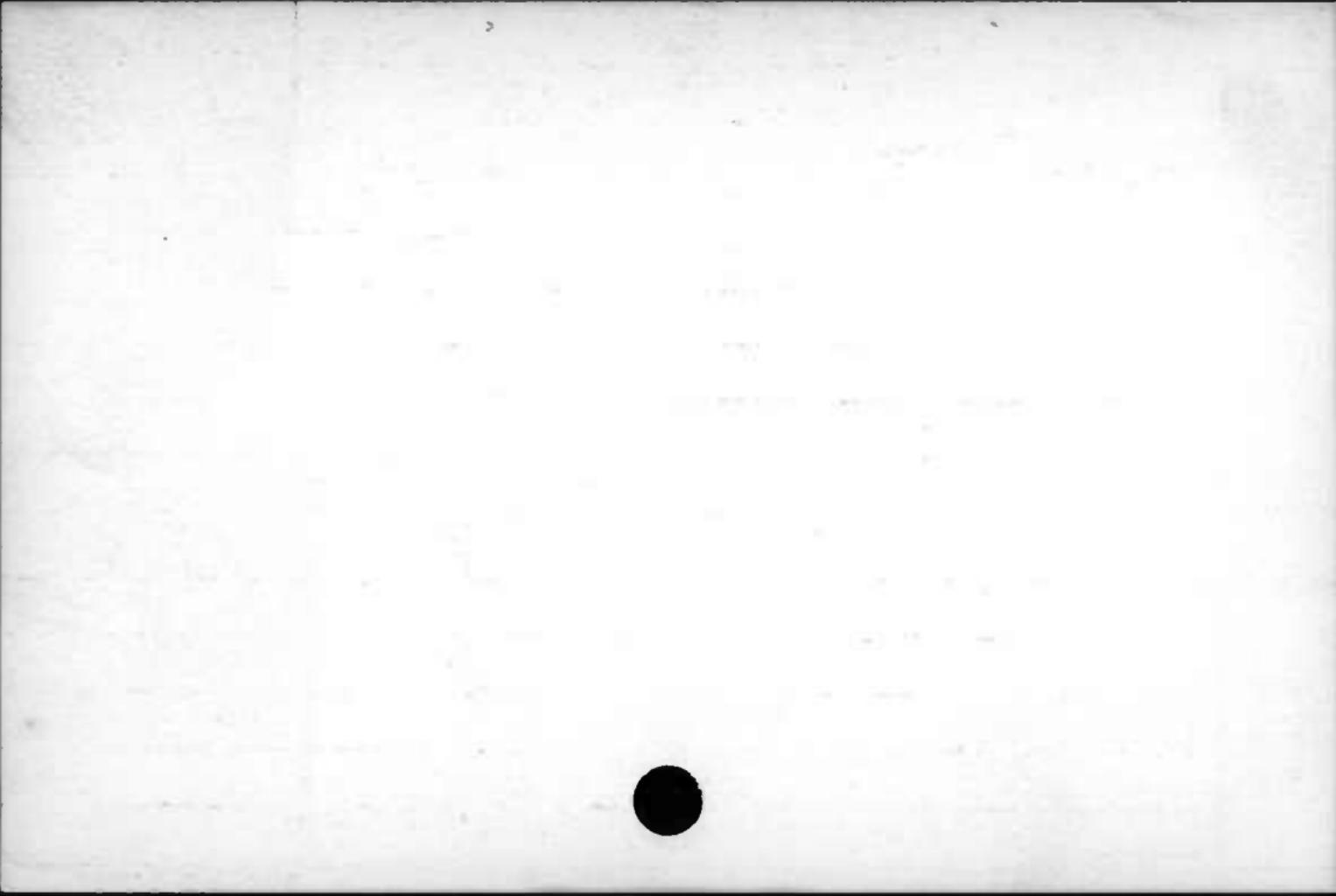
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |                         |   |                         |             |      |
|-----------------------------------|--------------|-------------------------|---|-------------------------|-------------|------|
| Died at                           |              | Town                    | County                                  |                         | MARYLAND    |      |
| Date of death                     | 1905         | Month 2                 | Day 28                                  | Years 2                 | Months      | Days |
| Sex                               | Female       | Color or Race           | Cathrite                                |                         | Birth-place | Md   |
| Occupation                        | Infant       |                         | Where Residing if not at place of death |                         |             |      |
| Married, Single or Widowed        | Child        | Name of Wife or Husband |   |                         |             |      |
| Father's Name                     | Joseph Casey |                         |   | Father's Birthplace     |             |      |
| Mother's Maiden Name              | Grace Howell |                         |   | Mother's Birthplace     |             |      |
| Name of person giving information | Joseph Casey |                         |   | How related to deceased |             |      |

CAUSES OF DEATH

|  |                                   |          |        |
|--|-----------------------------------|----------|--------|
| Primary  | Wharfingough                      | How long | 4 toks |
| Immediate  | 8                                 | How long |        |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician            |          |        |
|  | Address                           |          |        |
| Accident or Suicide?   | Lee Hopkins 10th<br>Haundelmae Md |          |        |



Name  
in  
Full

No Name -

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

|                                   |   |                         |                         |             |               |
|-----------------------------------|---|-------------------------|-------------------------|-------------|---------------|
| Died                              | Town                                    | County                  | MARYLAND                |             |               |
| Date of death                     | Month                                   | Day                     | Years                   | Months      | Days          |
| Sex                               | Male                                    | Color or Race           | Colored                 | Birth-place | Near Aberdeen |
| Occupation                        | Where Residing if not at place of death |                         |                         |             |               |
| Married, Single or Widowed        | Single                                  | Name of Wife or Husband |                         |             |               |
| Father's Name                     | Jack Cattor                             |                         | Father's Birthplace     | Harford Co  |               |
| Mother's Maiden Name              | Jane Beckett                            |                         | Mother's Birthplace     | Harford Co  |               |
| Name of person giving Information | Jack Cattor 176                         |                         | How related to deceased | Father      |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |                        |                  |        |
|--|--|------------------------|------------------|--------|
| Primary  | Laceration of scalp & above eye caused by instruments. |                        | How long         | 3 days |
| Immediate  | Hemorrhage   |                        | How long         | 3 days |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician | Hast. Kriete     |        |
|  |  | Address                | Aberdeen,<br>Md. |        |
| Accident or Suicide?   |  |                        |                  |        |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Susan Cook

CERTIFICATE OF DEATH

|                                   |                     |       |   |        |   |                         |                 |        |    |      |  |
|-----------------------------------|---------------------|-------|---|--------|---|-------------------------|-----------------|--------|----|------|--|
| Died at                           |                     | Town  |   | County |   | MARYLAND                |                 |        |    |      |  |
| Date of death                     | 1905                | Month | 2                                       | Day    | 9 | Years                   | 101             | Months | 10 | Days |  |
| Sex                               | Female              |       | Color or Race                           | White  |   | Birth-place             | Havre de Grace  |        |    |      |  |
| Occupation                        | none                |       | Where Residing if not at place of death |        |   |                         |                 |        |    |      |  |
| Married, Single or Widowed        | Widow               |       | Name of Wife or Husband                 |        |   |                         |                 |        |    |      |  |
| Father's Name                     | Nicolas Lutor       |       |   |        |   | Father's Birthplace     | Germany         |        |    |      |  |
| Mother's Maiden Name              | Miss Schaffer       |       |   |        |   | Mother's Birthplace     | Pennsylvania    |        |    |      |  |
| Name of person giving information | Mrs Geo Pfaffenbach |       |   |        |   | How related to deceased | Sister Daughter |        |    |      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |                        |                |  |
|--|---------------------------|------------------------|----------------|--|
| Primary  | Fractured thigh 167 & for |                        | How long       |  |
| Immediate  | General debility          |                        | How long       |  |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician | R. W. Smith    |  |
|  |                           | Address                | Havre de Grace |  |
| Accident or Suicide?   |                           | ✓                      |                |  |



Name  
in  
Full

William Burton Cook.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                  |            |                            |          |      |
|--------------------------------------|------------------|------------|----------------------------|----------|------|
| Died at                              | Town             | County     | MARYLAND                   |          |      |
| Date<br>of death 190                 | Month            | Day        | Years                      | Months   | Days |
| 5                                    | 2                | 26         | Age                        | 2        | 29   |
| Sex                                  | Color or<br>Race | Occupation | Birth-<br>place            | Bel Air. |      |
| Male                                 | Black            | ✓          | Bel Air.                   |          |      |
| Married, Single<br>or Widowed        |                  |            |                            |          |      |
| Name of Wife or<br>Husband           |                  |            |                            |          |      |
| Father's<br>Name                     | Burton Cook      |            | Father's<br>Birthplace     | Bel Air  |      |
| Mother's<br>Maiden Name              | Bessie Drey      |            | Mother's<br>Birthplace     | Bel Air  |      |
| Name of person giving<br>Information | Bessie Cook      |            | How related<br>to deceased | Mother.  |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Meningitis

6/

How long

2 weeks

Immediate

Convulsions

1/

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Turnell Sepplinger

Bel Air Box 92

Accident or Suicide?



Name  
in  
Full

William L. Cooley

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

|  |                  |               |                        |             |             |  |
|--|------------------|---------------|------------------------|-------------|-------------|--|
| Died at  |                  | Town          | County                 |             | MARYLAND    |  |
| Date of death 1905   | Month            | Day           | Years                  | Months      | Days        |  |
| Feb  |                  | 10            | 63                     | July        |             |  |
| Sex  | male             | Color or Race | white                  | Birth-place | Harford Co. |  |
| Married, Single or Widowed   | Single           |               | Occupation             | Lawyer      |             |  |
| Name of Wife or Husband  |                  |               |                        |             |             |  |
| Father's Name  | Daniel M. Cooley |               |                        |             |             |  |
| Mother's Maiden Name   | Harriet Miles    |               |                        |             |             |  |
| Name of person giving information                                    | Lawson Cooley    |               |                        |             |             |  |
| CAUSES OF DEATH  |                  |               |                        |             |             |  |
| Primary  | Pneumonia        |               |                        |             | How long    |  |
| Immediate  | 93               |               |                        |             | Eight days  |  |
| Are the name, age, sex, color, date and place correctly given above? |                  | Yes           | Signature of Physician | How long    |             |  |
|  |                  |               | Address                |             |             |  |
| Accident or Suicide?   |                  | ✓             |                        |             |             |  |

PHYSICIAN  
OR CORONER

William L. Archer

Address

Bel Air - Md



Town

County

Died at

MARYLAND

Date 1938

Month Day

Y. M. D.

Native of

Occupation

Feb - 23

Age 75

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralytic

How long sick

66

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Howard A. Pollock M.D.

Address

Churchville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_

Name  
in  
Full

Verna Alivilda Davis

CERTIFICATE OF DEATH

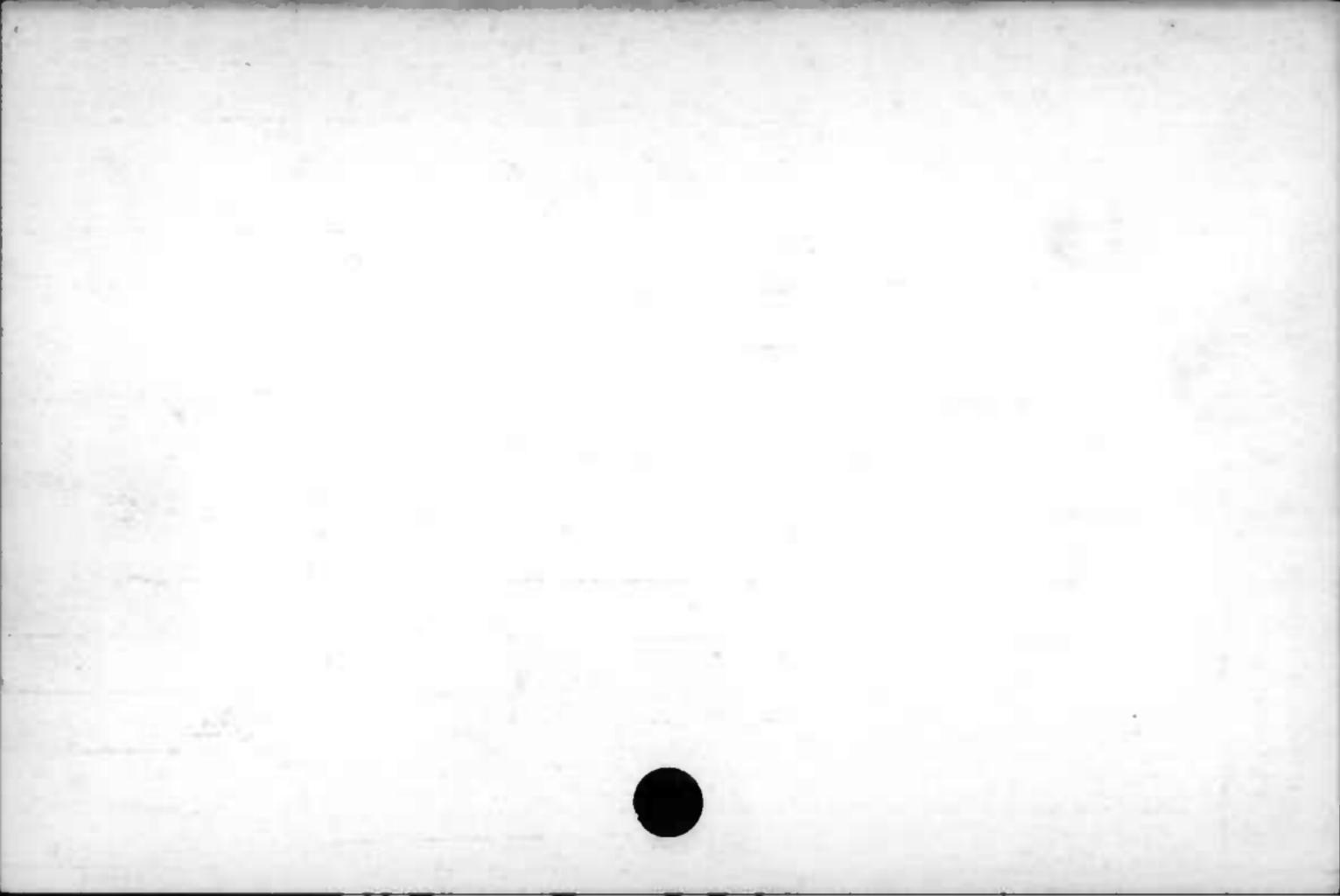
To BE ANSWERED BY  
NEAREST FRIEND

|  |  |                               |                                  |                 |               |  |
|--|--|-------------------------------|----------------------------------|-----------------|---------------|--|
| Died at <u>Holgrace</u>                  |  | Town                          | County <u>Harford</u>            |                 | MARYLAND      |  |
| Date of death <u>1905</u>                | Month <u>Feb</u>                                 | Day <u>9</u>                  | Age <u>Years</u>                 | Months <u>8</u> | Days <u>0</u> |  |
| Sex <u>Female</u>                        | Color or Race <u>White</u>                       | Birth-place <u>2nd</u>        |                                  | <u>Holgrace</u> |               |  |
| Occupation <u>—</u>                      | Where Residing if not at place of death <u>—</u> |                               | <u>Holgrace</u>                  |                 |               |  |
| Married, Single or Widowed <u>—</u>      | Name of Wife or Husband <u>—</u>                 | Father's Birthplace <u>US</u> |                                  | <u>US</u>       |               |  |
| Father's Name <u>Oscar Davis</u>         | Mother's Birthplace <u>US</u>                    |                               | <u>US</u>                        |                 |               |  |
| Mother's Maiden Name <u>Maggie Davis</u> | Name of person giving information <u>—</u>       |                               | How related to deceased <u>—</u> |                 | <u>—</u>      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <u>Eclampsia</u>   | How long <u>Short</u>                            |
| Immediate <u>Progressive Cardiac Failure</u>                                       | How long <u>Do</u>                               |
| Are the name, age, sex, color, date and place correctly given above?<br><u>Yes</u> | Signature of Physician <u>L. S. Taylor, M.D.</u> |
|  | Address <u>Perryville, Md.</u>                   |
| Accident or Suicide? <u>—</u>  |  |



Name  
in  
Full

Susan Silver  
Aberdeen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                 |               |          |             |             |
|-----------------------------------|-----------------|---------------|----------|-------------|-------------|
| Died at                           | Town            | County        | MARYLAND |             |             |
| Date of death                     | Month           | Day           | Years    | Months      | Days        |
| 1905                              | Feby            | 20            | 75       | 2           | 20          |
| Sex                               | Female          | Color or Race | White    | Birth-place | Harford Co. |
| Occupation                        | House work      |               |          |             |             |
| Married, Single or Widowed        | Widowed         |               |          |             |             |
| Father's Name                     | Henry Arnal     |               |          |             |             |
| Mother's Maiden Name              | Elizabeth Baker |               |          |             |             |
| Name of person giving information | Mary S. Silver  |               |          |             |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

66/

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

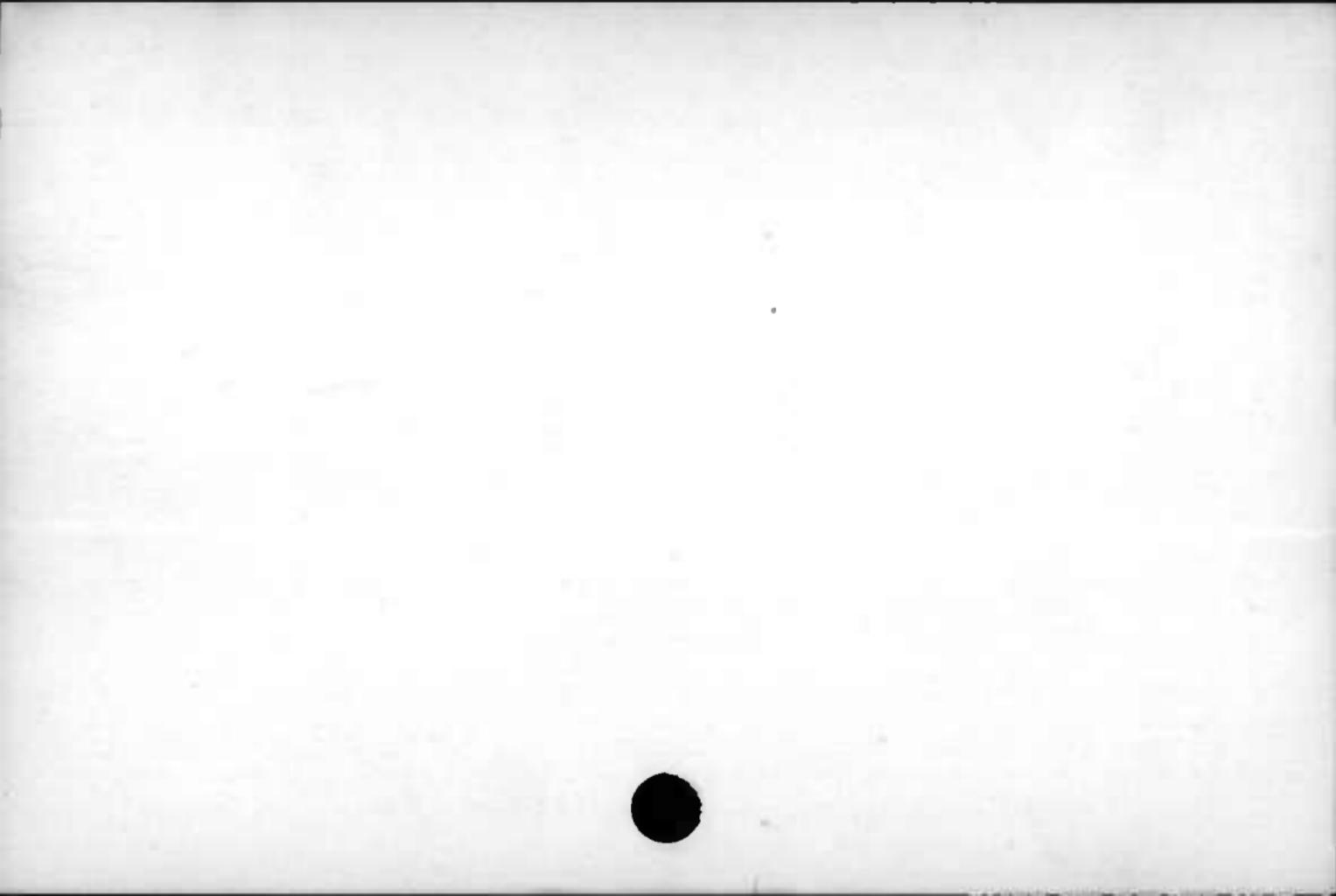
yes

Signature of Physician

Address

Thos. Roberts (C.H.R.)  
Churchville, Md.

Accident or Suicide?



Name  
in  
Full

Hu Smithsonian Fowwood

CERTIFICATE OF DEATH

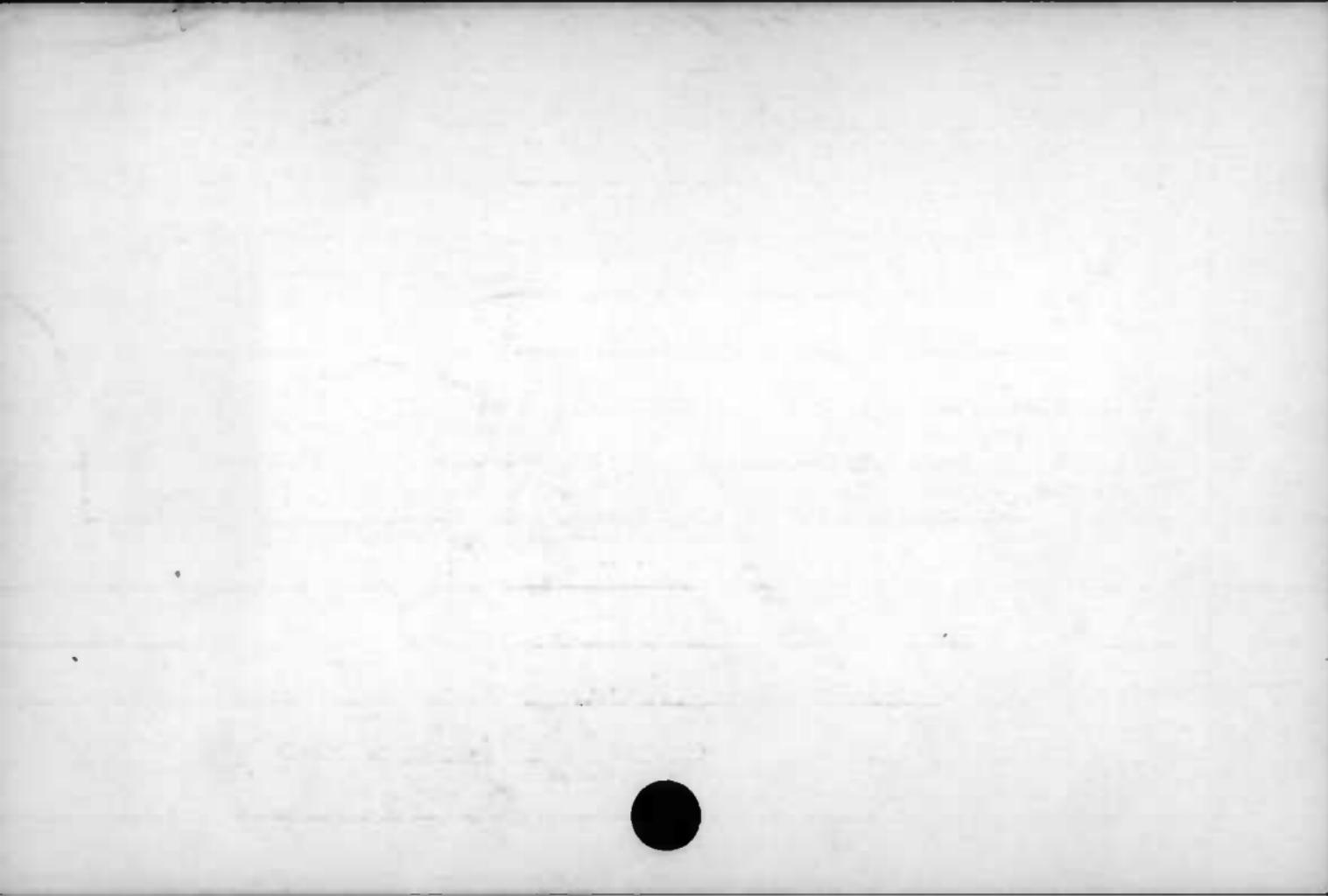
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                   |             |             |                         |          |      |
|-----------------------------------|-------------------|-------------|-------------|-------------------------|----------|------|
| Died at                           | Town              |             | County      |                         | MARYLAND |      |
| Died at                           | Bel air           |             | Harford     |                         |          |      |
| Date of death 1905                | Month Feb         | Day Tuesday | Years 71    |                         | Months   | Days |
| Sex Male                          | Color or Race     | white       | Birth-place | Maryland                |          |      |
| Married, Single or Widowed        | Occupation        |             | Farmer      |                         |          |      |
| Name of Wife or Husband           | Rebecca Fowwood   |             |             |                         |          |      |
| Father's Name                     | Dr Parker Fowwood |             | 111         | Father's Birthplace     | nd       |      |
| Mother's Maiden Name              | Mary Smithsonian  |             | ✓           | Mother's Birthplace     | nd       |      |
| Name of person giving information | Hu S. Fowwood Jr  |             |             | How related to deceased | Son      |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                              |                        |                   |           |
|--|------------------------------|------------------------|-------------------|-----------|
| Primary  | Engorgement and<br>Emphysema |                        | How long          | 4 mo      |
| Immediate  | Emphysema                    |                        | How long          | few hours |
| Are the name, age, sex, color, date and place correctly given above? | Yes                          | Signature of Physician | Castilleja smooth |           |
|  |                              | Address                | Bel Air           |           |
| Accident or Suicide?   | no                           |                        |                   |           |



Name  
in  
Full

Mary Anne Yost

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |   |             |          |        |      |
|--|---|-------------|----------|--------|------|
| Died at                                      | Town                                    | County      | MARYLAND |        |      |
| Date of death                                | Month                                   | Day         | Years    | Months | Days |
| Sex  | Color or Race                           | Age         |          |        |      |
| Occupation                                   | Where Residing if not at place of death |             |          |        |      |
| Married, <input checked="" type="checkbox"/> | Name of Wife or Husband                 | Geo W. Yost |          |        |      |
| Father's Name                                | Mary Winters                            |             |          |        |      |
| Mother's Maiden Name                         | Elizabeth Campbell                      |             |          |        |      |
| Name of person giving information            | Rebecca J. Kimble                       |             |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary 157 How long

Immediate 157 How long

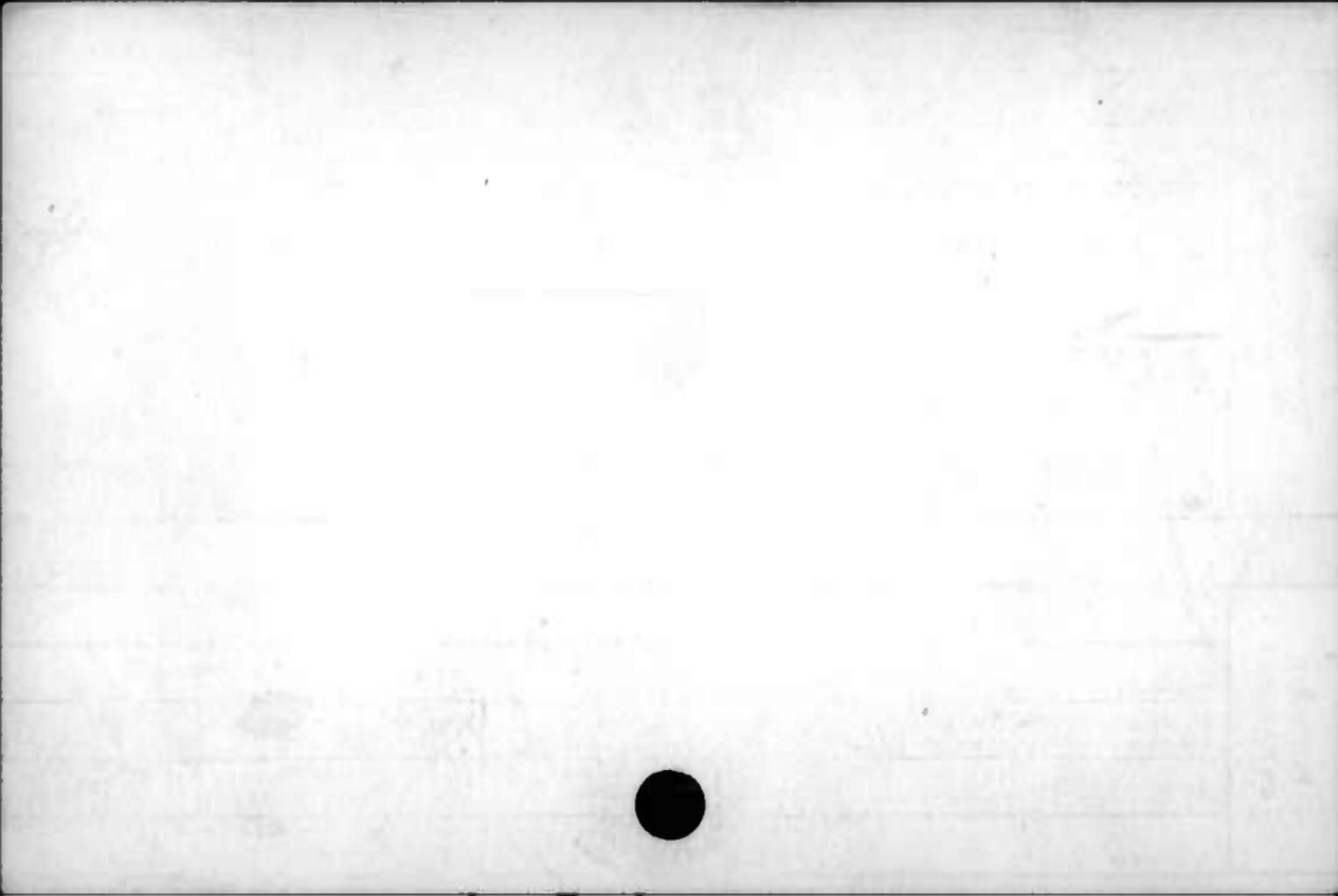
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. B. Olson  
Michaelsville

Accident or Suicide?



Name  
in  
Full

William Howard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                      |                  |                  |                            |                 |          |      |
|--------------------------------------|------------------|------------------|----------------------------|-----------------|----------|------|
| Died at                              |                  | Town             | County                     |                 | MARYLAND |      |
| Date<br>of death 190                 | 2                | Month            | Day                        | Years           | Months   | Days |
| Sex                                  | Male             | Color or<br>Race | White                      | Birth-<br>place | Md.      |      |
| Married, Single<br>or Widowed        | Widower          |                  | Occupation                 | Farmer          |          |      |
| Name of Wife or<br>Husband           | Elizabeth Howard |                  |                            |                 |          |      |
| Father's<br>Name                     | John Howard      |                  | Father's<br>Birthplace     | Md              |          |      |
| Mother's<br>Maiden Name              | Hannah Neivard   |                  | Mother's<br>Birthplace     | "               |          |      |
| Name of person giving<br>Information | Benjamin Howard  |                  | How related<br>to deceased | Son             |          |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old Age

154

How long

3 weeks

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

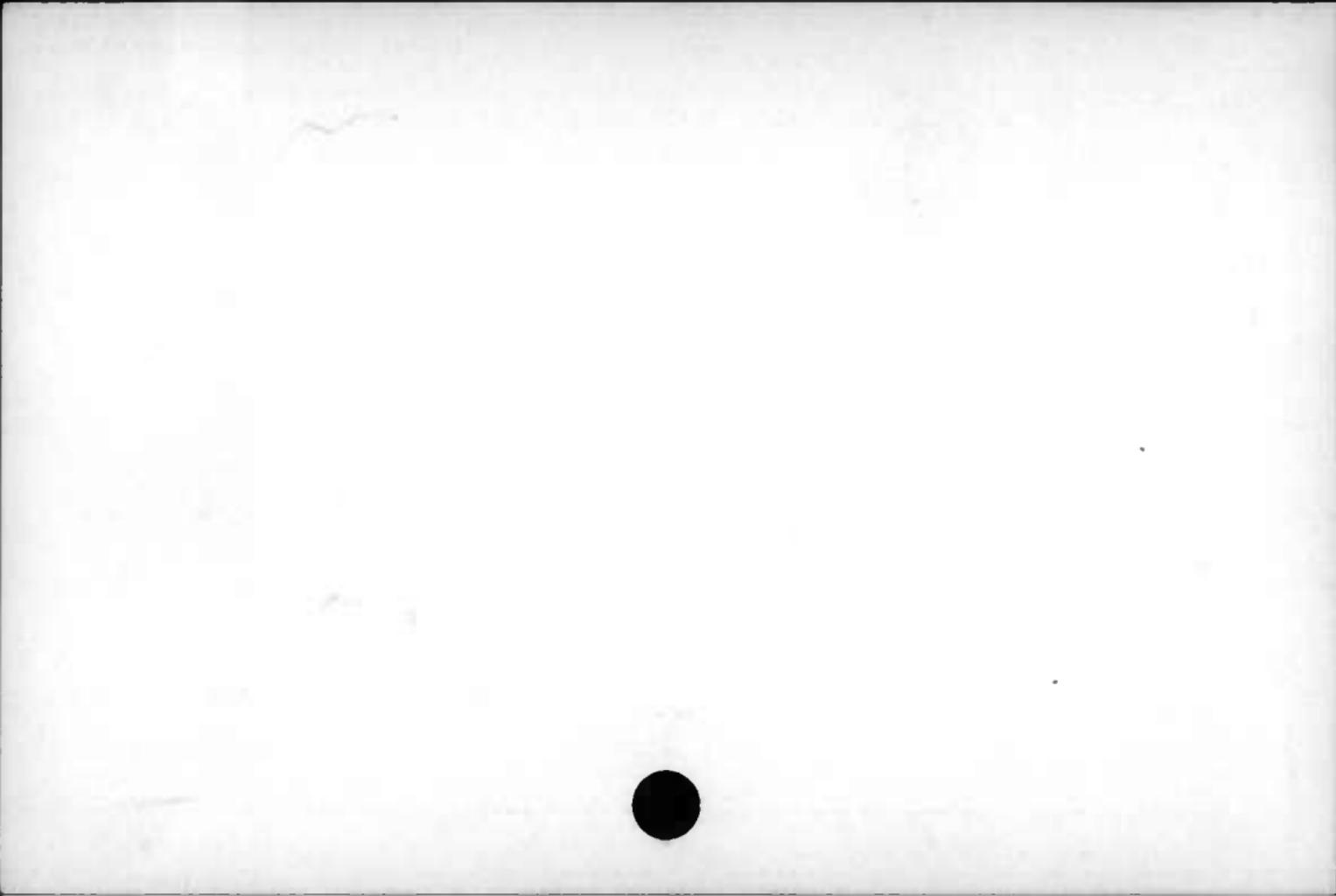
Signature of  
Physician

F.P. Smithson

Address

Hurst Hill Md.

Accident or Suicide?



Name  
in  
Full

William Grant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                             |                 |        |       |          |      |  |
|--|-----------------------------|-----------------|--------|-------|----------|------|--|
| Died at  |                             | Town            | County |       | MARYLAND |      |  |
| Date of death 1905                             | Month Feb                   | Day 12          | Age 70 | Years | Months   | Days |  |
| Sex Male                                       | Color or Race White         | Birth-place Md. |        |       |          |      |  |
| Married, Single or Widowed Married             | Occupation Farmer           |                 |        |       |          |      |  |
| Name of Wife or Husband Annie M. Grant         |                             |                 |        |       |          |      |  |
| Father's Name George Grant                     | Father's Birthplace Md.     |                 |        |       |          |      |  |
| Mother's Maiden Name Liza Lamar                | Mother's Birthplace         |                 |        |       |          |      |  |
| Name of person giving information Wm. L. Grant | How related to deceased Son |                 |        |       |          |      |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Fatty degeneration of heart

How long  
Several years -

Immediate

Rupture of heart

How long  
Instant death -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. F. Van Gibbons

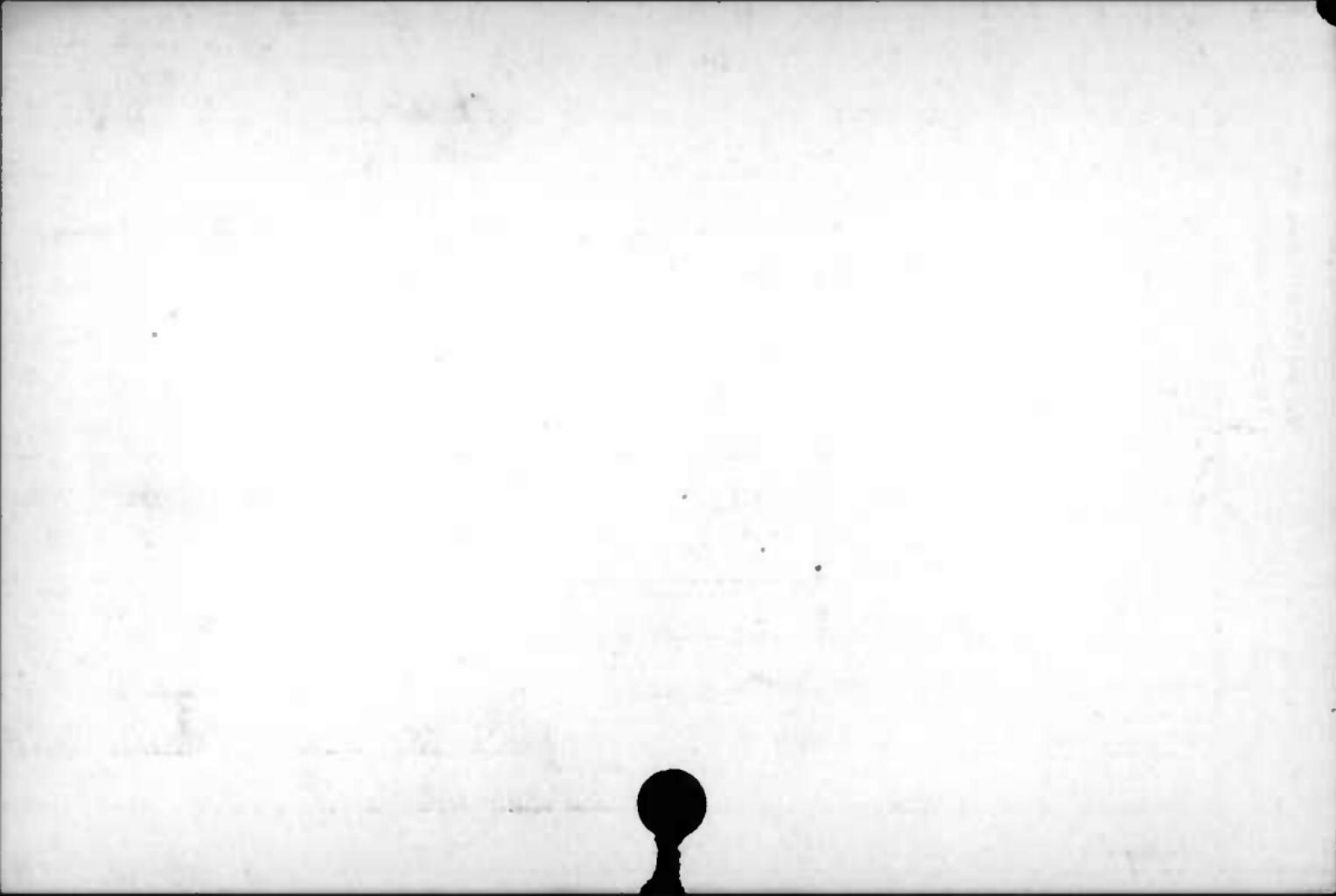
Address

13rd Street

Accident or Suicide?

No.

Mild



Name  
in  
Full

May Jones Griffin

CERTIFICATE OF DEATH

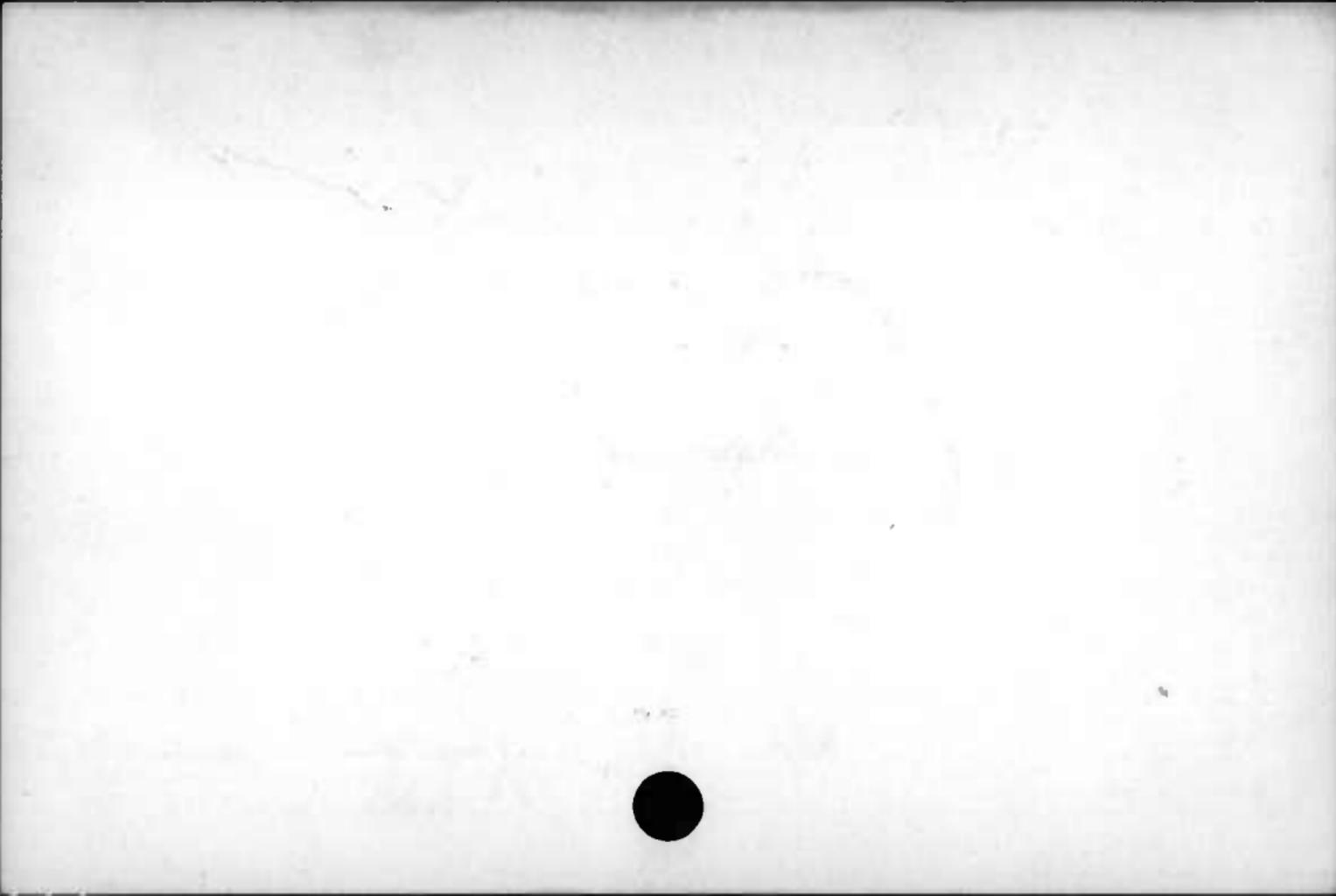
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                   |            |                         |         |        |
|-----------------------------------|-------------------|------------|-------------------------|---------|--------|
| Died at                           | Town              | County     | MARYLAND                |         |        |
| Date of death 1905                | Month             | Day        | Age                     | Years   | Months |
| Sex Female                        | Color or Race     | Occupation | Birth-place             | Days    |        |
| Married, Single or Widowed        | Single            |            | Mayland                 |         |        |
| Name of Wife or Husband           | —                 |            | —                       |         |        |
| Father's Name                     | George T Griffin  |            | Father's Birthplace     | Md      |        |
| Mother's Maiden Name              | Emilia Griffin    |            | Mother's Birthplace     | Md      |        |
| Name of person giving information | Mrs Leanne McLean |            | How related to deceased | Sister. |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                     |                        |              |        |
|--|-------------------------------------|------------------------|--------------|--------|
| Primary  | Tuberculosis                        |                        | How long     | 1 year |
| Immediate  | Heart failure                       |                        | How long     | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | Yes                                 | Signature of Physician | E. H. McLean |        |
|  |                                     | Address                | Baltimore    |        |
| Accident or Suicide?   | <input checked="" type="checkbox"/> |                        |              |        |



Name  
in  
Full

Jennie Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |            |               |                         |             |             |
|-----------------------------------|------------|---------------|-------------------------|-------------|-------------|
| Died at                           | Town       | County        |                         | MARYLAND    |             |
| Date of death 190                 | 5 Feb      | Month         | Day                     | Years       | Months Days |
| Sex                               | F          | Color or Race | white                   | Birth-piece |             |
| Married, Single or Widowed        | Single     | Occupation    | housewife               |             |             |
| Name of Wife or Husband           | -          |               |                         |             |             |
| Father's Name                     | Anna Gross |               | Father's Birthplace     |             |             |
| Mother's Maiden Name              | Annie      |               | Mother's Birthplace     |             |             |
| Name of person giving information | Mother     |               | How related to deceased |             |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Meningitis

6/

How long

6 days

Immediate

Corona

How long

10 hours

Are the name, age, sex, color, date and piece correctly given above?

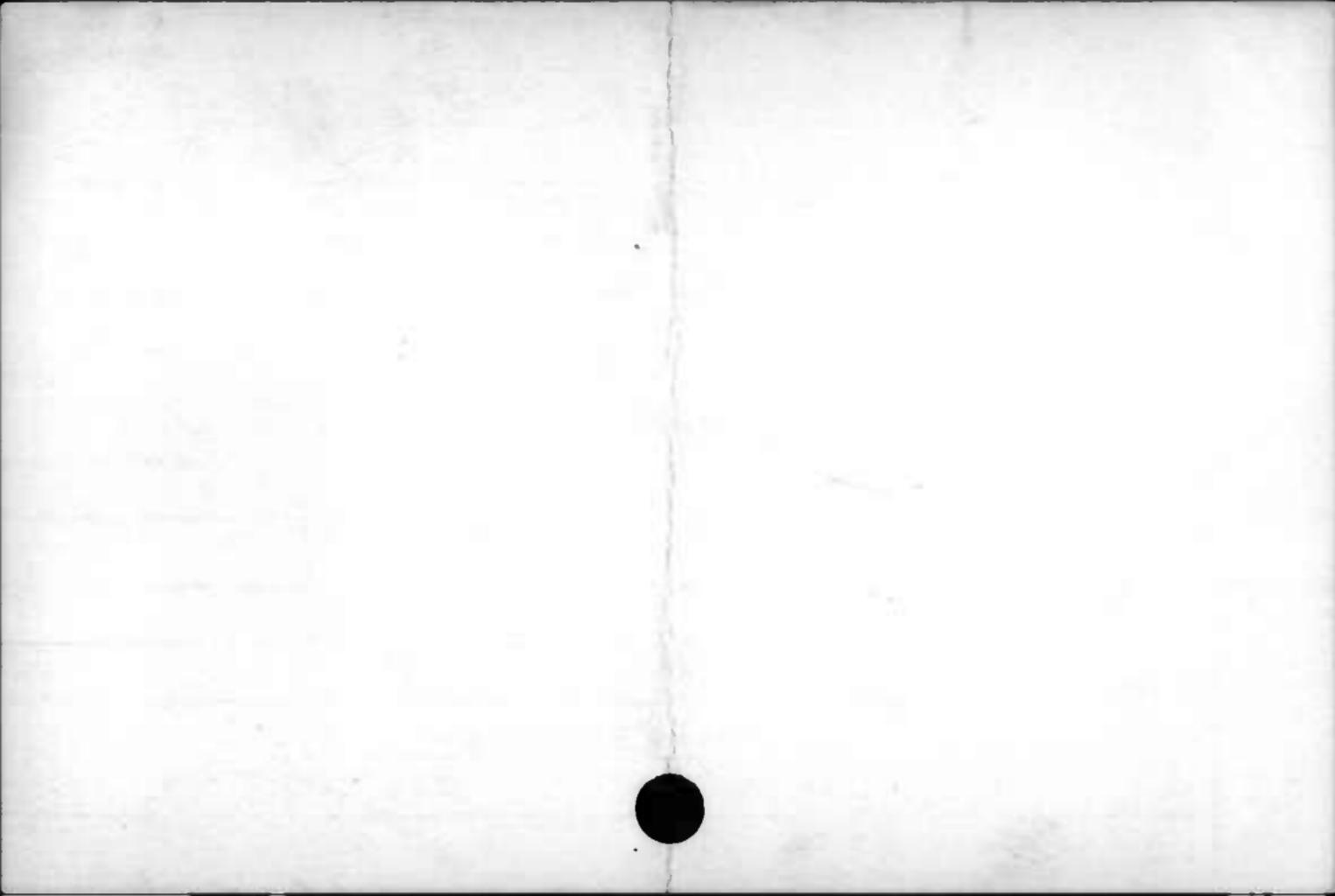
Yes

Signature of Physician

Address

Robert S. Page  
Belle Air Md.

Accident or Suicide?



Name  
in  
Full

Mary Haggerty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |   |                 |                 |               |
|---|---|---|-----------------|-----------------|---------------|
| Died at <u>Havre de Grace</u> <small>Town</small> |   | <u>Havre de Grace</u> <small>County</small> |                 | MARYLAND        |               |
| Date of death <u>1905</u>                         | Month <u>2</u>                          | Day <u>9</u>                                | Years <u>21</u> | Months <u>-</u> | Days <u>-</u> |
| Sex <u>Female</u>                                 | Color or Race <u>white</u>              | Birth-place <u>Md</u>                       |                 |                 |               |
| Occupation <u>School Teacher</u>                  | Where Residing if not at place of death |   |                 |                 |               |
| Married, Single or Widowed                        | Name of Wife or Husband                 |   |                 |                 |               |
| Father's Name <u>Dan</u>                          | Father's Birthplace <u>Phila</u>        |   |                 |                 |               |
| Mother's Maiden Name <u>Margaret Corn</u>         | Mother's Birthplace <u>Md</u>           |   |                 |                 |               |
| Name of person giving information                 | How related to deceased                 |   |                 |                 |               |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

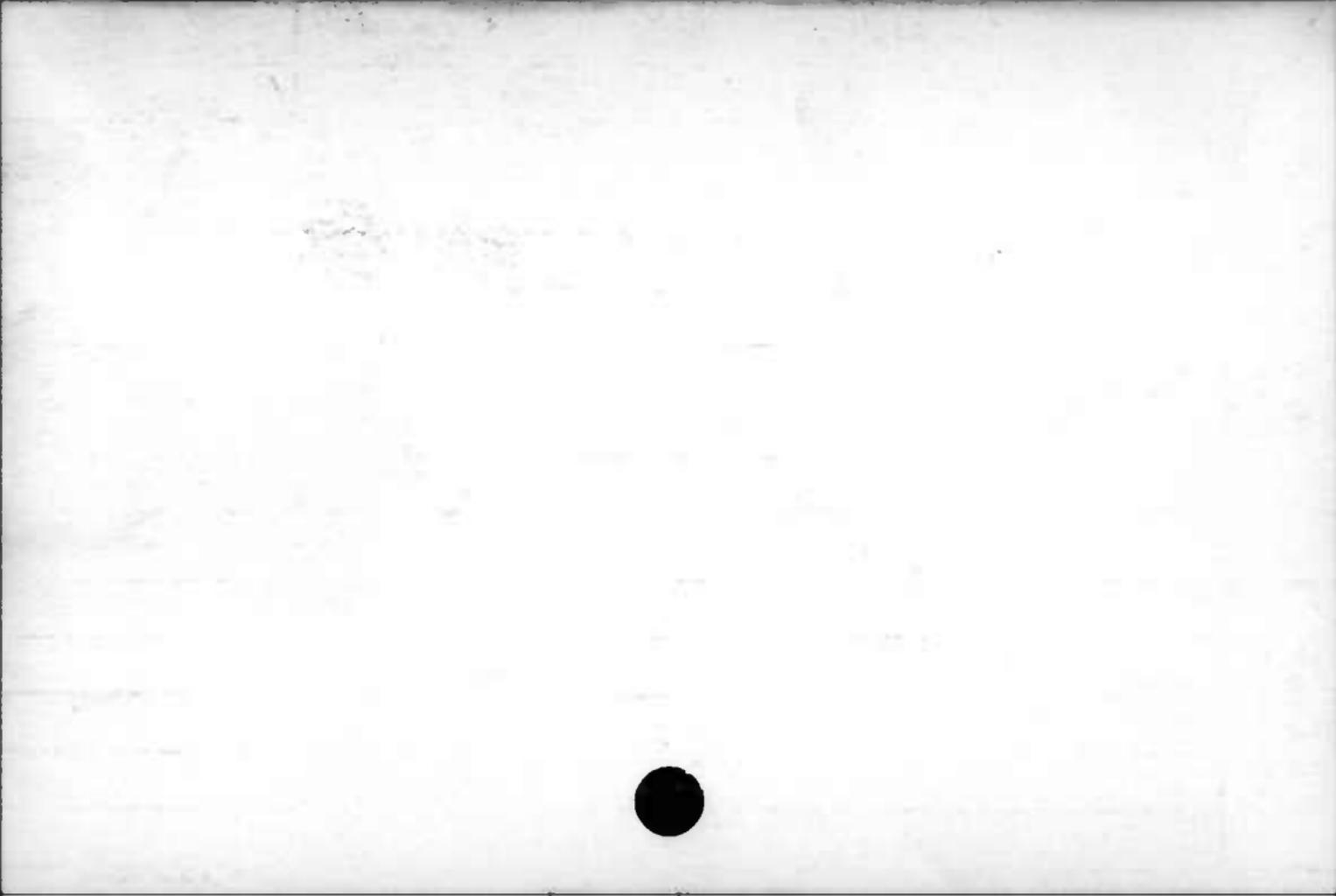
|                                  |                      |
|----------------------------------|----------------------|
| Primary <u>Pul. Tuberculosis</u> | How long <u>1 yr</u> |
| Immediate <u>-</u>               | How long <u>1 yr</u> |

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Amas B. Wallingsworth

CERTIFICATE OF DEATH

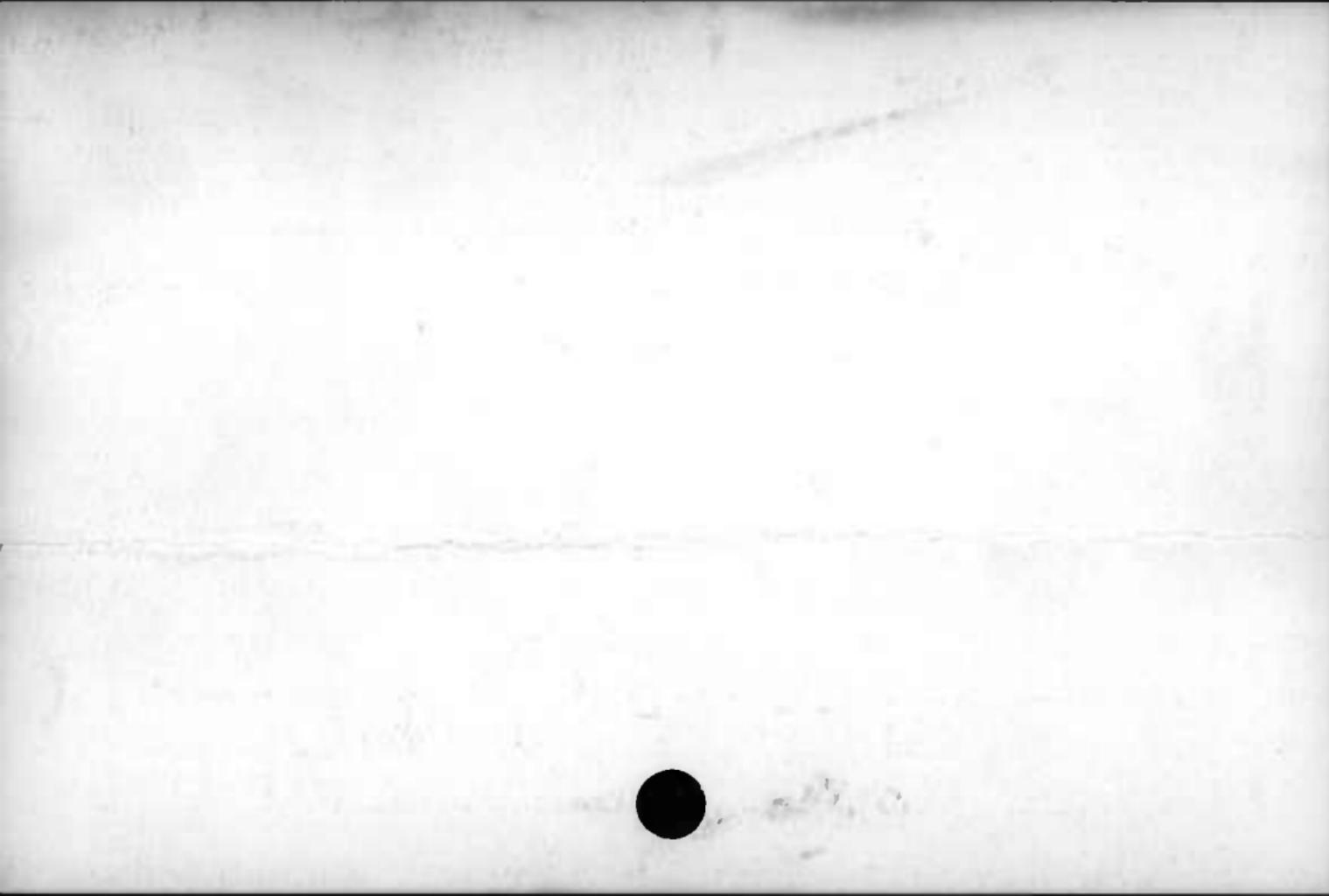
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                    |            |                         |        |      |
|-----------------------------------|--------------------|------------|-------------------------|--------|------|
| Died at                           | Town               | County     | MARYLAND                |        |      |
| Date of death 1905                | Month              | Day        | Years                   | Months | Days |
| Sex                               | Color or Race      | Age        | Birth-place             |        |      |
| Married, Single or Widowed        | Spouse             | Occupation | Father's Birthplace     |        |      |
| Name of Wife or Husband           | —                  |            | Mother's Birthplace     |        |      |
| Father's Name                     | John Wallingsworth |            | Starved C.              |        |      |
| Mother's Maiden Name              | Rachel Blasen      |            | " "                     |        |      |
| Name of person giving information | Sister             |            | How related to deceased |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                     |                        |
|--|-------------------------------------|------------------------|
| Primary  | Patent Inflamm. of lung for 2 weeks |                        |
| Immediate  | dead sudden like p. heat etc        |                        |
| Are the name, age, sex, color, date and place correctly given above? | Yes                                 | Signature of Physician |
|  |                                     | Address                |
| Accident or Suicide?   | — No                                |                        |



Name in Full

Certificate of Death

Serrah Knight

Town

County

Died at

Hans de Goe

Itaiford Co

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1943

Feb 4

Age 70

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Broughts ~~Reid~~ Redman

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

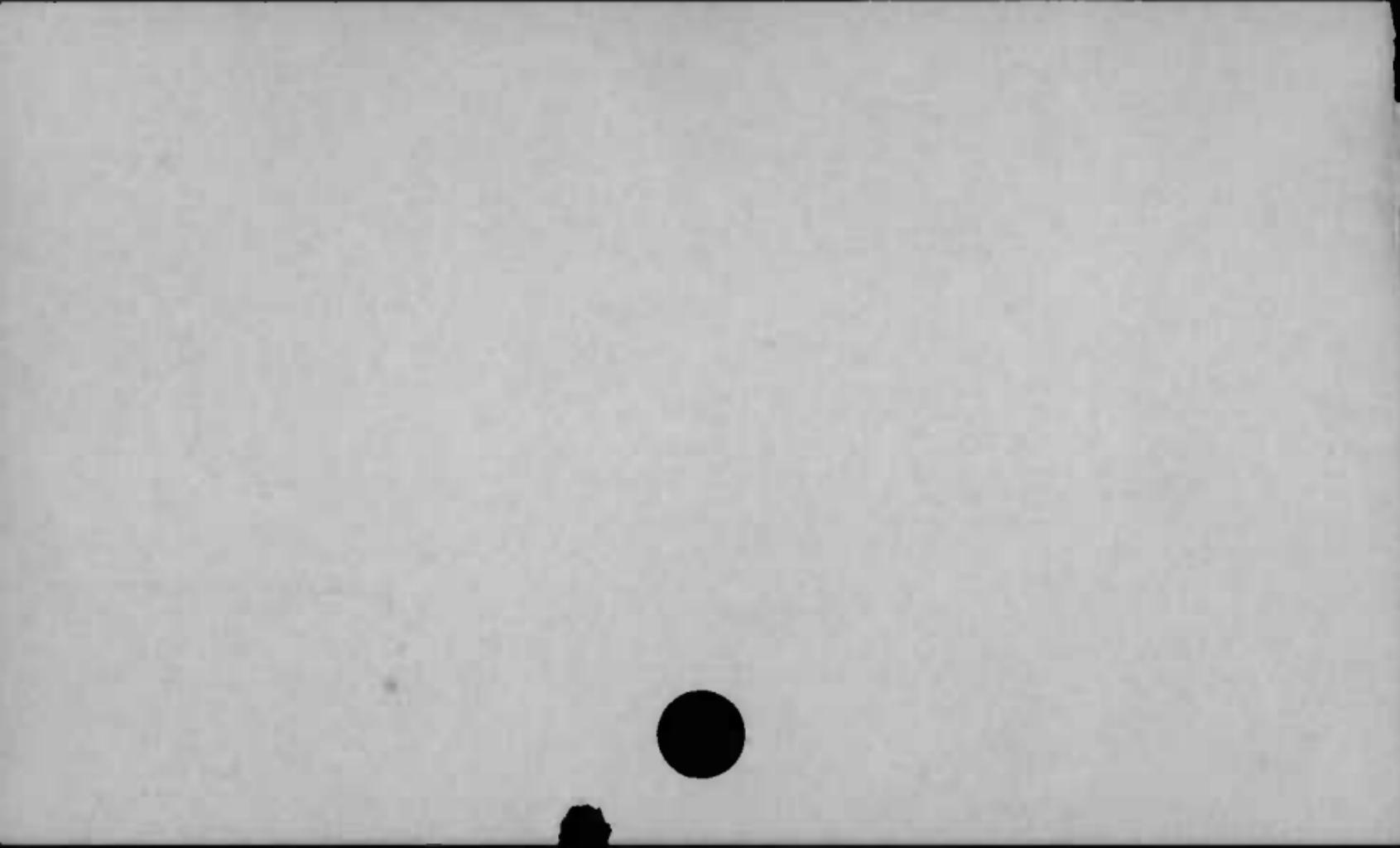
ACGoshen

120V

Address

Hans de Goe

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|   |   |              |                            |                         |                        |      |
|---|---|--------------|----------------------------|-------------------------|------------------------|------|
| Died at <i>Magnolia</i> Town              |   |              | County <i>Hanover</i>      |                         | MARYLAND               |      |
| Date of death <i>1905</i>                 | Month <i>2</i>  | Day <i>5</i> | Age <i>78</i>              | Years <i>78</i>         | Months                 | Days |
| Sex <i>Male</i>                           | Color or Race <i>White</i>                              |              | Birth-place <i>Germany</i> |                         |                        |      |
| Occupation <i>Silk weaver</i>             | Where Residing if not at place of death <i>Magnolia</i> |              |                            |                         |                        |      |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Ellen Preasly - widow</i>    |              |                            |                         |                        |      |
| Father's Name                             |   |              |                            | Father's Birthplace     | <i>Berlin, Germany</i> |      |
| Mother's Maiden Name                      |   |              |                            | Mother's Birthplace     |                        |      |
| Name of person giving information         | <i>Thomas B Oakley</i>                                  |              |                            | How related to deceased | <i>Son in law</i>      |      |

CAUSES OF DEATH

Primary

*Pneumonia*

*93*

How long

*3 days*

Immediate

*Heart failure*

How long

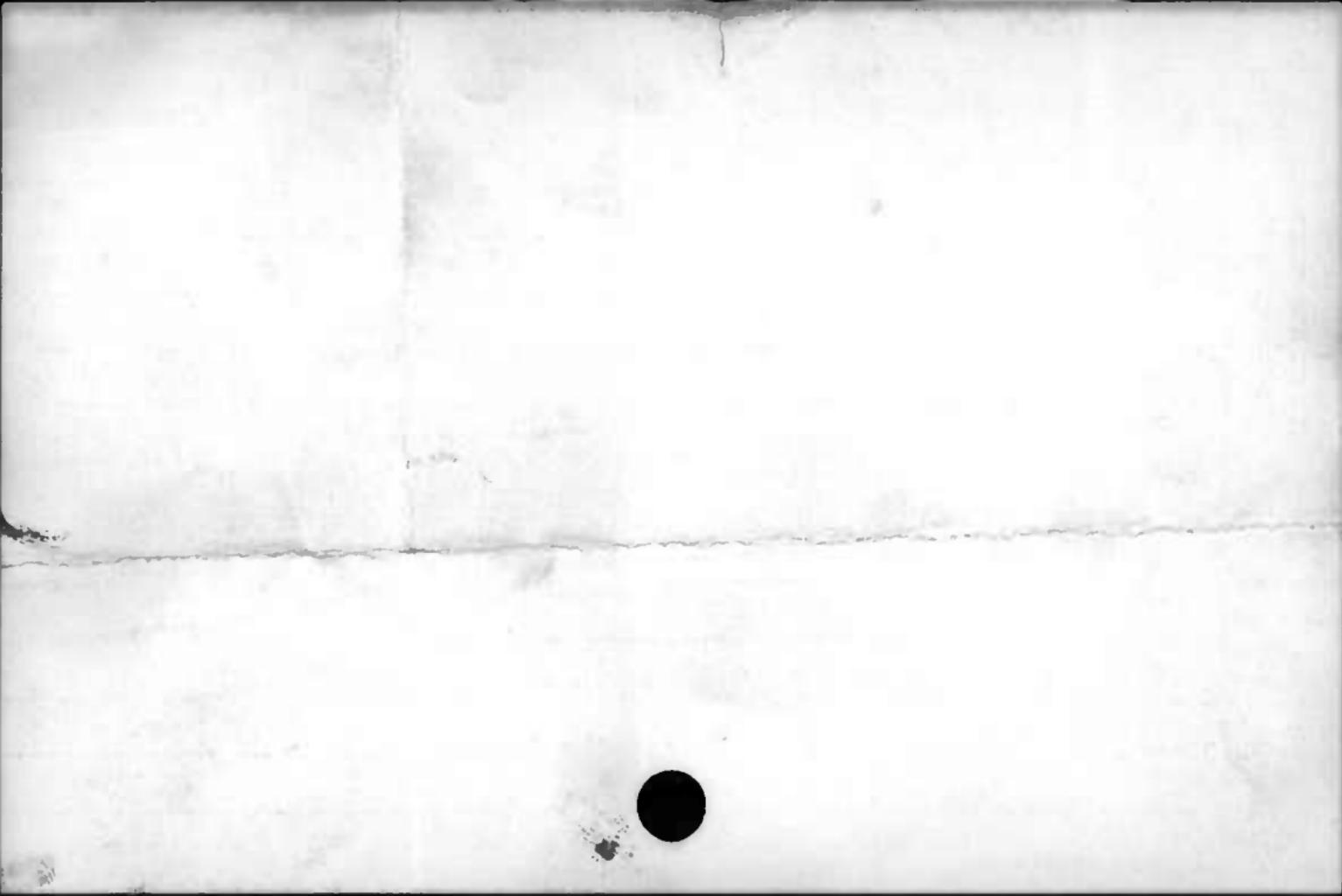
*Charlottesville*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Catherine E. Lay

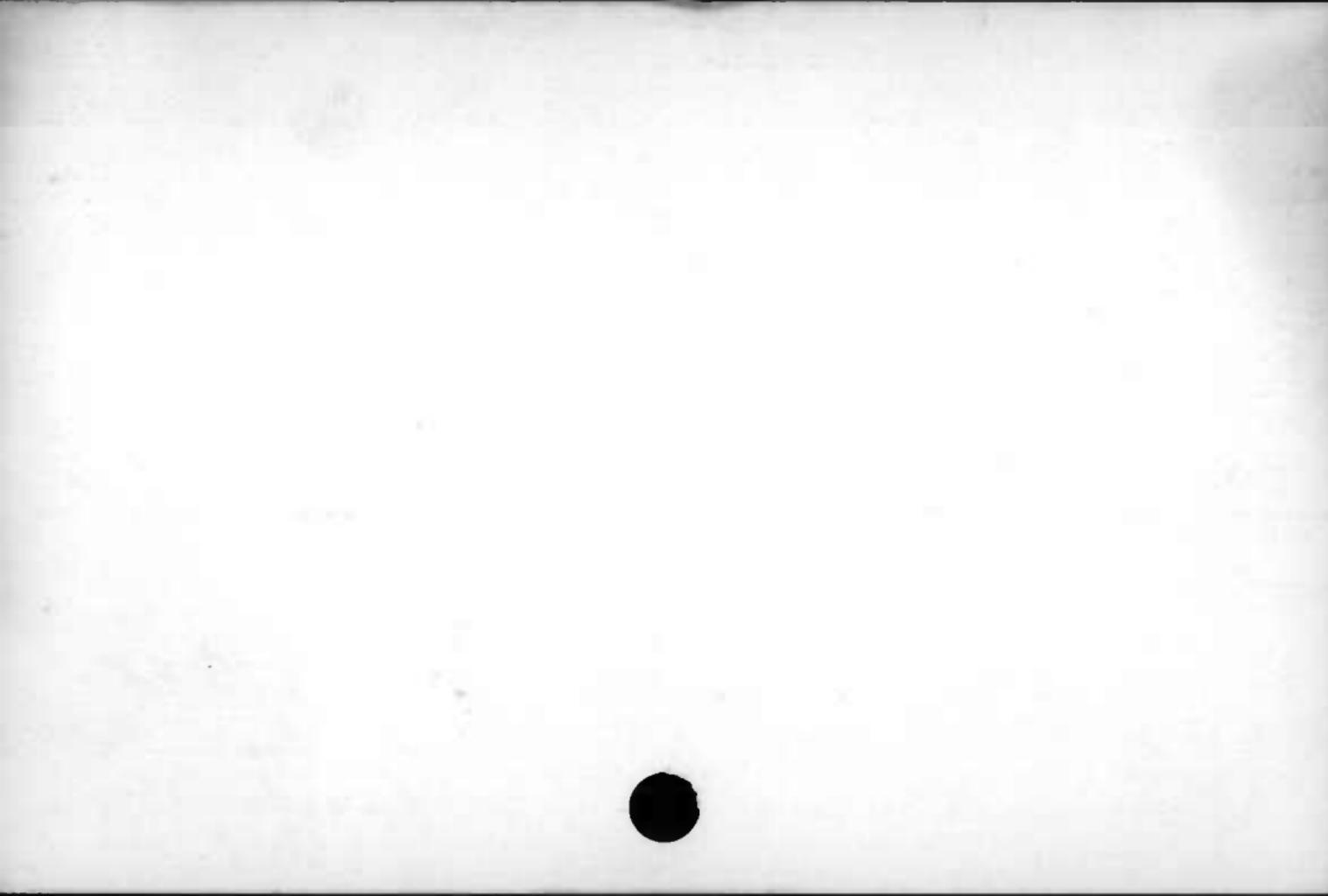
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |                         |             |      |
|-----------------------------------|---|--------|-------------------------|-------------|------|
| Died near                         | Town                                    | County | MARYLAND                |             |      |
| Date of death                     | Month                                   | Day    | Years                   | Months      | Days |
| 1905                              | Feby.                                   | 12th.  | Age 1                   | 3           | 17   |
| Sex Female                        | Color or Race                           | White  | Birth-place             | Harford Co. |      |
| Occupation                        | Where Residing if not at place of death |        |                         |             |      |
| Married, Single or Widowed        | Single                                  |        | Name of Wife or Husband |             |      |
| Father's Name                     | Christian Lay                           |        | Father's Birthplace     | Harford Co. |      |
| Mother's Maiden Name              | Edith Cullum                            |        | Mother's Birthplace     | Harford Co. |      |
| Name of person giving Information | Christian Lay 105                       |        | How related to deceased | Father      |      |

CAUSES OF DEATH

|  |                          |   |               |          |
|--|--------------------------|---|---------------|----------|
| Primary  | Gastro-enteric affection |   | How long      | 3 Weeks  |
| Immediate  | Peritonitis              |   | How long      | one week |
| Are the name, age, sex, color, date and place correctly given above? |                          | Signature of Physician  | Has. H. L. H. |          |
|  |                          | Address   | Aberdeen, Md. |          |
| Accident or Suicide?   |                          |  |               |          |



Name  
in  
Full

David. J. Lewis

CERTIFICATE OF DEATH

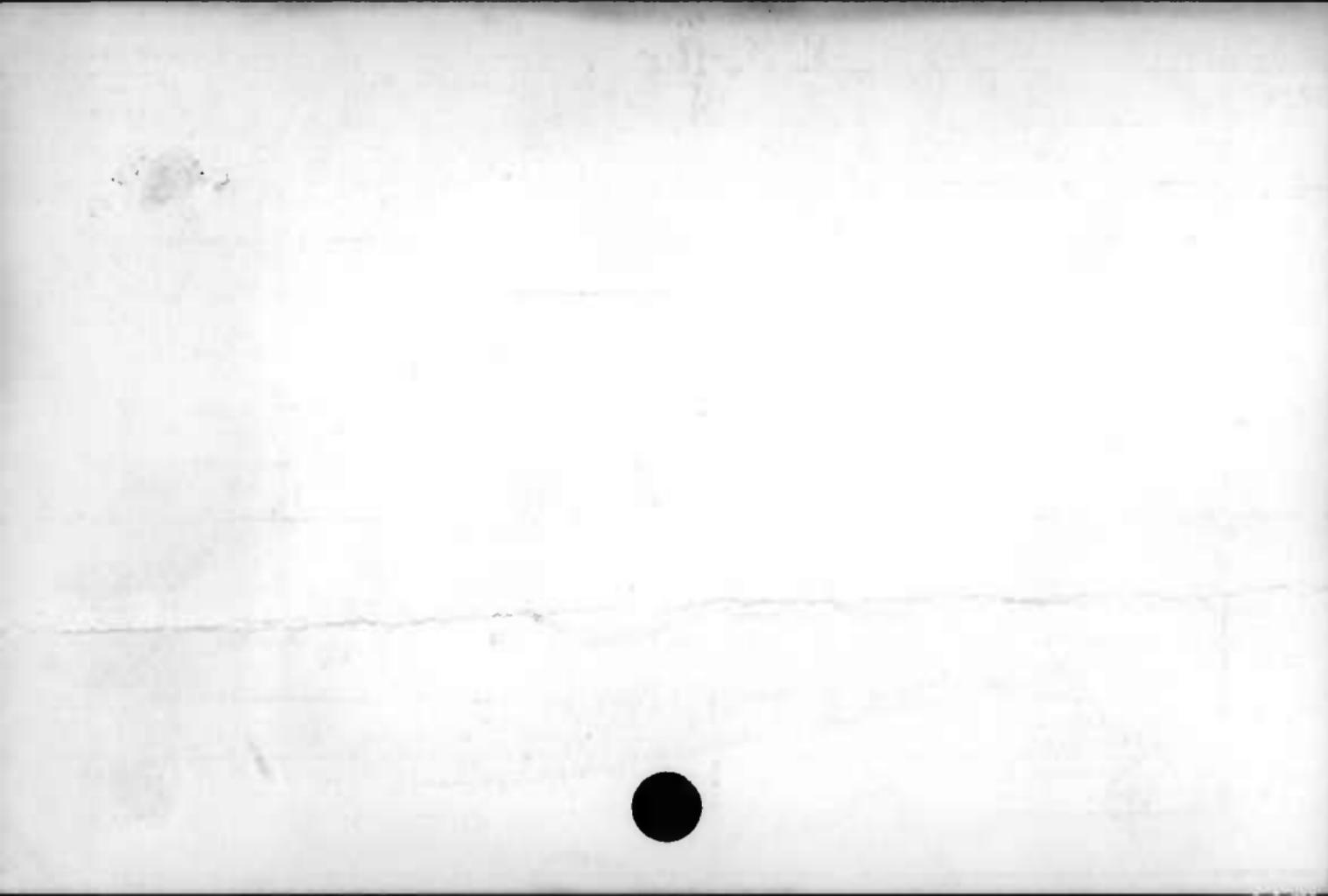
TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |              |                                  |       |                 |      |
|--|---|--------------|----------------------------------|-------|-----------------|------|
| Died at <u>Near Fallston</u>                           |   |              | County <u>Harford</u>            |       | MARYLAND        |      |
| Date of death <u>1905</u>                              | Month <u>2d.</u>                              | Day <u>6</u> | Age <u>85</u>                    | Years | Months <u>7</u> | Days |
| Sex <u>Male</u>  | Color or Race <u>White</u>                    |              | Birth-place <u>Falts Co. Md.</u> |       |                 |      |
| Occupation <u>Carpenter</u>                            | Where Residing if not at place of death       |              |                                  |       |                 |      |
| Married, Single or Widowed <u>Widower</u>              | Name of Wife or Husband <u>Sarah A. Lewis</u> |              |                                  |       |                 |      |
| Father's Name <u>Wm. Lewis</u>                         | Father's Birthplace                           |              |                                  |       |                 |      |
| Mother's Maiden Name <u>Elizabeth Jessup</u>           | Mother's Birthplace                           |              |                                  |       |                 |      |
| Name of person giving information <u>Mary E. Lewis</u> | How related to deceased <u>Daughter</u>       |              |                                  |       |                 |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                                 |          |
|--|---|---------------------------------|----------|
| Primary  |   |                                 | How long |
| Immediate <u>Paralysis</u>   | <u>69</u>   | <u>6. Weeks</u>                 |          |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician<br><u>Geo. W. Davis M.D.</u> | Address<br><u>Pleasantville</u> |          |
| Accident or Suicide?   | <u>End</u>  |                                 |          |



Name  
in  
Full

Lilburn Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |        |                         |             |          |  |
|-----------------------------------|----------------|--------|-------------------------|-------------|----------|--|
| Died at                           | Town           |        | County                  |             | MARYLAND |  |
| Date of death 1905                | Month Feb      | Day 16 | Years 80                | Months      | Days     |  |
| Sex Male                          | Color or Race  | white  |                         | Birth-place | Compton  |  |
| Married, Single or Widowed        | Single         |        | Occupation              | Waiter      |          |  |
| Name of Wife or Husband           |                |        |                         |             |          |  |
| Father's Name                     | Samuel Martin  |        | Father's Birthplace     | Bel Air     |          |  |
| Mother's Maiden Name              | Ava Morris     |        | Mother's Birthplace     | Bel Air     |          |  |
| Name of person giving information | Annie Mitchell |        | How related to deceased | Niece       |          |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

Immediate

60

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

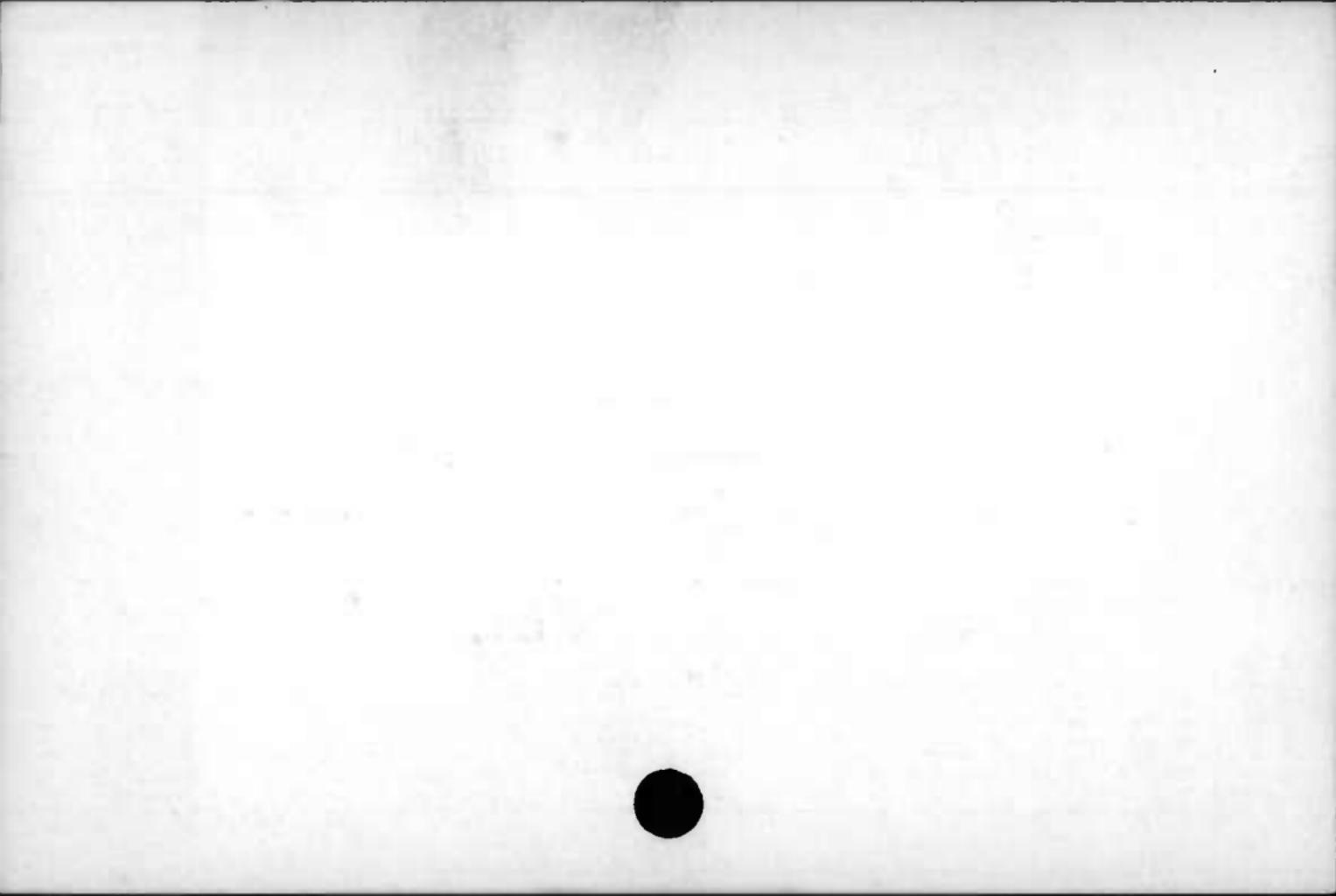
Address

D. Chas. Richardson  
Bel Air Md.

Accident or Suicide?

No.

✓



Name  
in  
Full

Lloyd Robert Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |  |                      |                                      |                               |             |           |  |
|--|--|----------------------|--------------------------------------|-------------------------------|-------------|-----------|--|
| Died at<br>Dear Forest Home                          |  | Town                 | County<br>Harford                    |                               | MARYLAND    |           |  |
| Date<br>of death 190                                 | Month<br>2                                       | Day<br>3             | Years<br>Age                         | 68                            | Months<br>— | Days<br>— |  |
| Sex<br>Male  | Color or<br>Race<br>White                        | Occupation<br>Farmer |                                      | Birth-<br>place<br>Harford Co |             |           |  |
| Married, Single<br>or Widowed<br>Married             | Name of Wife or<br>Husband<br>Elizabeth - Martin |                      | Father's<br>Birthplace<br>Harford Co |                               |             |           |  |
| Father's<br>Name<br>Thomas Martin                    | Mother's<br>Maiden Name                          |                      | Mother's<br>Birthplace<br>" "        |                               |             |           |  |
| Name of person giving<br>Information<br>E. E. Martin | How related<br>to deceased<br>Son                |                      |                                      |                               |             |           |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                        |
|--|---|------------------------|
| Primary<br>Official Fever  | ①   | How long<br>2 weeks    |
| Immediate<br>Collapse  | ✓   | How long<br>2 days     |
| Are the name, age, sex, color, date<br>and place correctly given above?<br>Yes | Signature of<br>Physician<br>Dr. W. S. Archer | Address<br>Bel-Air Inn |
| Accident or Suicide?   | [Redacted]                                    |                        |



Caunah Parrott,  
Town Churchville County Harford

Died at

MARYLAND

Date 1905

Month 2 Day 8

Y. 61. M. 4 D. 12

Native of

Md

Occupation

Housemaid-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7-

Husband of

Eli Parrott

Wife

Mother's

Father's

James Chambers,

Name

Maiden Name

Cause of

Primary

Fatty degeneration of heart.

How long sick

Death

Immediate

Heart failure.

Accident, Suicide, Homicide

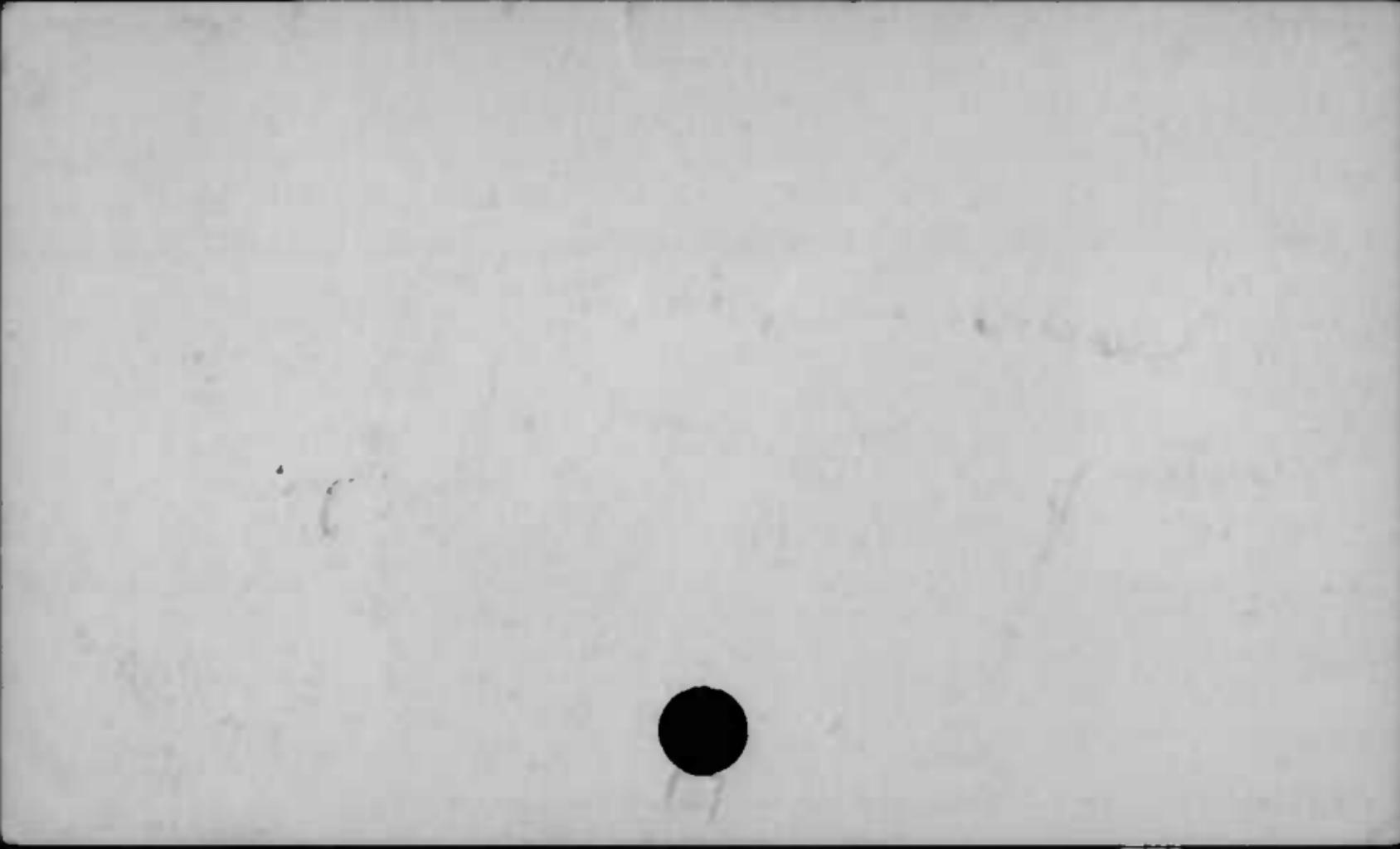
Reported by

W.S. Gorsuch, M.D.

Address

Churchville, Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |               |                  |            |                                      |                      |           |
|--------------------------------------|---------------|------------------|------------|--------------------------------------|----------------------|-----------|
| Daniel S Perno                       |               |                  |            |                                      | CERTIFICATE OF DEATH |           |
| Died at                              |               | Town             | County     |                                      | MARYLAND             |           |
| Baltimore                            |               | Harford          |            |                                      |                      |           |
| Date<br>of death                     | 1905          | Month<br>2       | Day<br>12  | Years<br>5                           | Months<br>11         | Days      |
| Sex                                  | m             | Color or<br>Race | Colored    |                                      | Birth-<br>place      | Baltimore |
| Married, Single<br>or Widowed        | Single        |                  | Occupation | —                                    |                      |           |
| Name of Wife or<br>Husband           | —             |                  |            |                                      |                      |           |
| Father's<br>Name                     | —             |                  |            | Father's<br>Birthplace               |                      |           |
| Mother's<br>Maiden Name              | Modesta Perno |                  |            | Mother's<br>Birthplace               |                      |           |
| Name of person giving<br>Information | Modesta Perno |                  |            | How related<br>to deceased<br>Mother |                      |           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Miliary Tuberculosis

51

Horizon

—

How long

—

—

—

—

—

—

—

—

—

Immediate

Pertussis

—

—

—

—

—

—

—

—

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

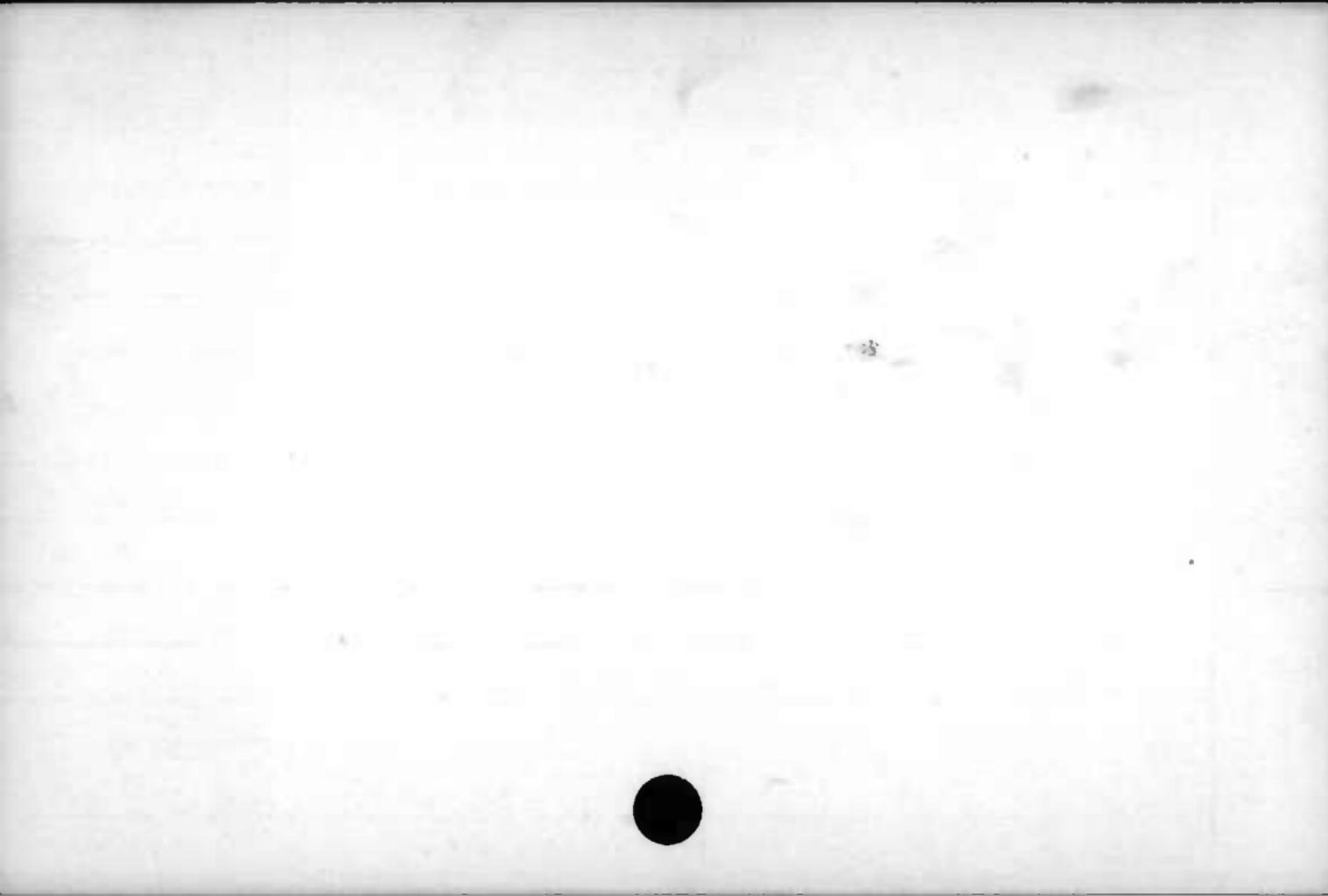
Signature of  
Physician

Robert S. Perno

Address

Baltimore

Accident or Suicide?



Name  
in  
Full

Alice M. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                     |           |                            |                 |            |  |  |
|--------------------------------------|---------------------|-----------|----------------------------|-----------------|------------|--|--|
| Died at<br>Dear Forest Hill          |                     | Town      | County<br>Harford          |                 | MARYLAND   |  |  |
| Date<br>of death 1905-               | Month<br>2          | Day<br>10 | Years<br>Age 30            | Months<br>-     | Days<br>-  |  |  |
| Sex<br>Female                        | Color or<br>Race    | White     |                            | Birth-<br>place | Harford Co |  |  |
| Married, Single<br>or Widowed        | Occupation          | Married   |                            | Housewife       |            |  |  |
| Name of Wife or<br>Husband           | John W. Robinson    |           |                            |                 |            |  |  |
| Father's<br>Name                     | Lloyd Robert Martin |           | Father's<br>Birthplace     | Harford Co      |            |  |  |
| Mother's<br>Maiden Name              | Elizabeth Grafton   |           | Mother's<br>Birthplace     | "               |            |  |  |
| Name of person giving<br>Information | John W. Robinson    |           | How related<br>to deceased | Husband         |            |  |  |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

|   |   |                     |
|---|---|---------------------|
| Primary<br>Typhoid Fever  | <input checked="" type="radio"/>            | How long<br>3 weeks |
| immediate<br>Parotid Abscess & Septicemia                               | <input type="radio"/>                       | How long<br>1 week  |
| Are the name, age, sex, color, date<br>and place correctly given above? | Signature of<br>Physician<br>F. P. Smithson |                     |
|   | Address<br>Forest Hill Md                   |                     |

Accident or Suicide?



Name  
in  
Full

Moosal Runsey

CERTIFICATE OF DEATH

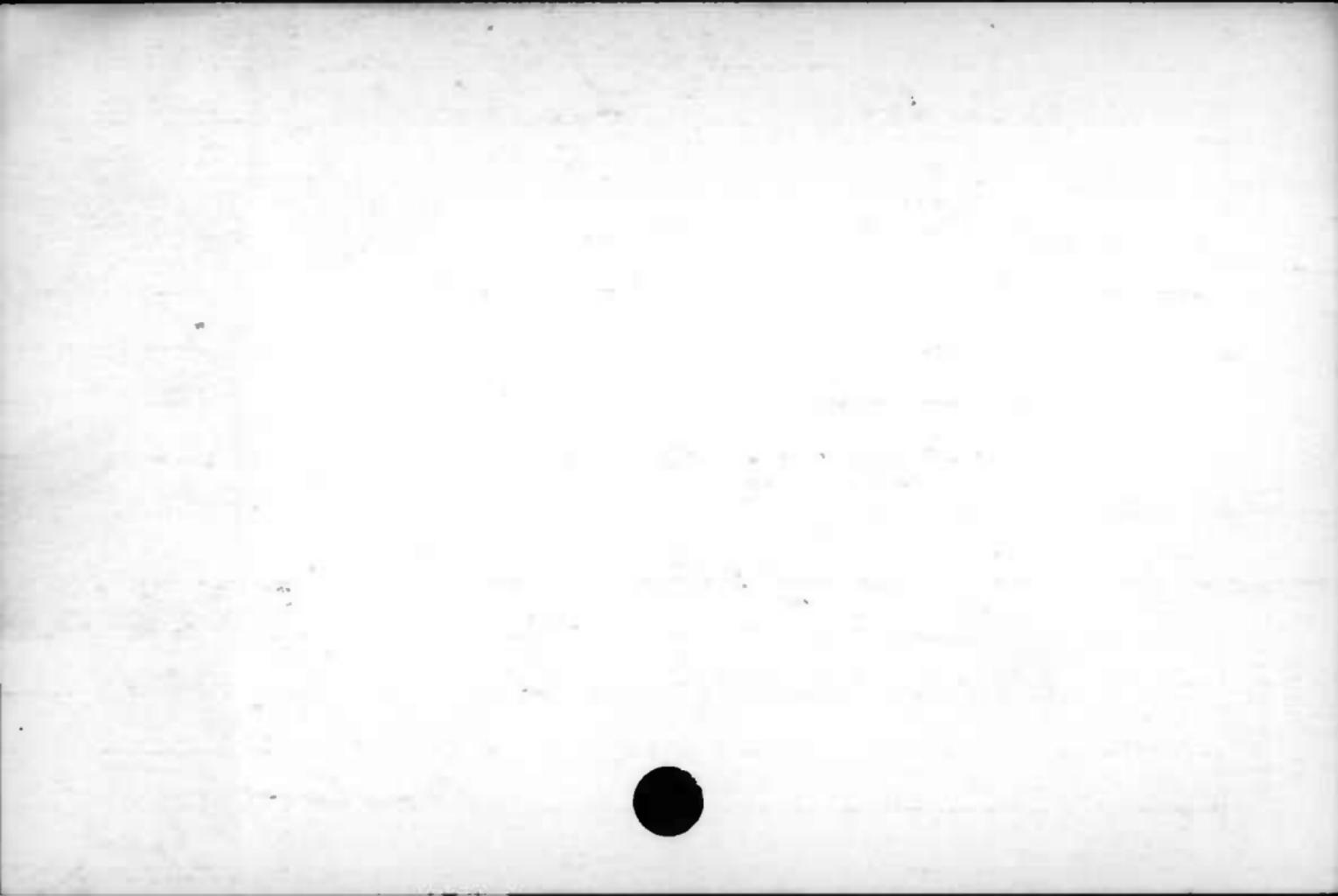
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |   |        |                         |          |      |
|-----------------------------------|--------------|---|--------|-------------------------|----------|------|
| Died at                           |              | Town                                    | County |                         | MARYLAND |      |
| Date of death                     | 1905         | Month 2                                 | Day 1  | Years 4                 | Months   | Days |
| Sex                               | Male         | Color or Race                           | Col.   | Birth-place             | Md       |      |
| Occupation                        | Infant       | Where Residing if not at place of death |        |                         |          |      |
| Married, Single or Widowed        | single       | Name of Wife or Husband                 |        |                         |          |      |
| Father's Name                     | James Runsey |   |        | Father's Birthplace     | Md       |      |
| Mother's Maiden Name              | Lizzy        |   |        | Mother's Birthplace     | Md       |      |
| Name of person giving information | James Runsey |   |        | How related to deceased | Father   |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                 |                        |                  |
|--|-----------------|------------------------|------------------|
| Primary  | Diphtheria. (9) |                        | How long<br>1 wk |
| Immediate  |                 |                        | How long         |
| Are the name, age, sex, color, date and place correctly given above? | gto             | Signature of Physician | Lee Hopkins M.D. |
|  |                 | Address                | Paowdlsrace Md   |
| Accident or Suicide?   | ✓               |                        |                  |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Dr John Sappington  
Darlingto<sup>n</sup> Town  
Harford County

MARYLAND

Died at Date of death 1905 Month 3 Day 10 Age 57 Years 3 Months 21 Days

Sex male Color or Race white Birth-place Maryland

Occupation Physician Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Rosa Jacobs

Father's Name

Father's Birthplace

Dr John Sappington

Maryland

Mother's Maiden Name

Mother's Birthplace

Mary J. Newell

Maryland

Name of person giving Information

How related to deceased

Dr John Sappington

Son

CAUSES OF DEATH

Primary

Cerebral Encephalism

82

Living July 2, 1904

Immediate

Respiratory Failure

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W.B. Kite

Address

Washington, D.C.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ella Smith Shackelford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                   |                      |                           |       |             |
|--|-----------------------------------|----------------------|---------------------------|-------|-------------|
| Died at                                    | Town                              | County               | MARYLAND                  |       |             |
| Date of death 1905                         | Month 2                           | Day 14               | Age 26                    | Years | Months Days |
| Sex Female                                 | Color or Race Colored             | Occupation Lady Maid | Birth-place Washington Md |       |             |
| Married, Single or Widowed Married         |                                   |                      |                           |       |             |
| Name of Wife or Husband Lee Shackelford    |                                   |                      |                           |       |             |
| Father's Name Henry Smith                  | Father's Birthplace Washington    |                      |                           |       |             |
| Mother's Maiden Name Mary Springs          | Mother's Birthplace Baltimore Co. |                      |                           |       |             |
| Name of person giving information Wm Smith | How related to deceased Brother   |                      |                           |       |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |   |                            |
|--|---------------------|---|----------------------------|
| Primary  | Tuberculosis        | 27                                      | How long<br>7 mo. & 2 days |
| Immediate  | Paralysis of Right. | ✓                                       | How long<br>short.         |
| Are the name, age, sex, color, date and place correctly given above? | Yrs                 | Signature of Physician<br>Wm Rogan M.D. | Address<br>Conowingo Md.   |
| Accident or Suicide?   |                     |   |                            |

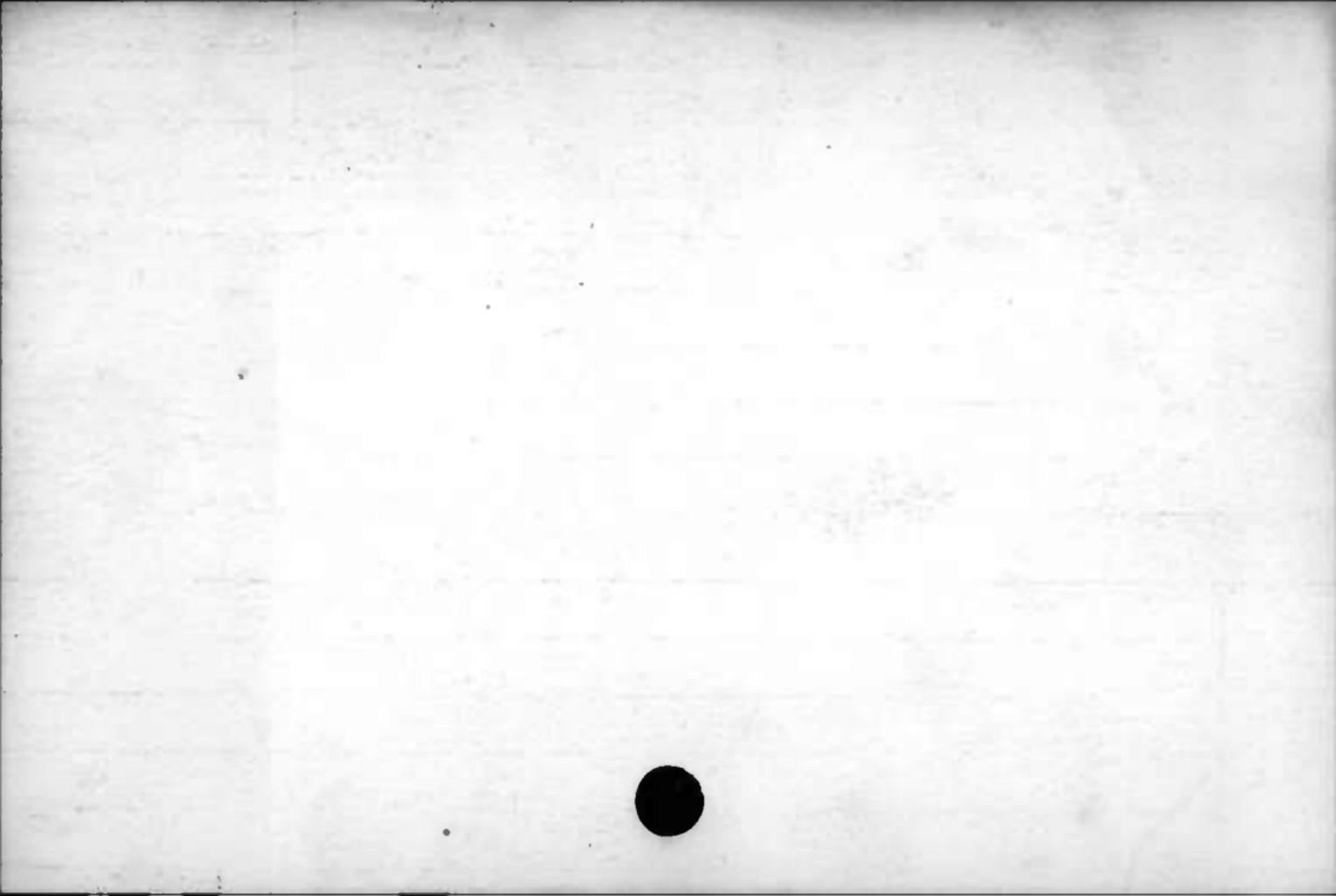


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

| <i>John A. Taylor Jr.</i>  |  |                                |                           |               | CERTIFICATE OF DEATH |               |
|--|--|--------------------------------|---------------------------|---------------|----------------------|---------------|
| Died at <i>Lapidum</i>   |  | Town                           | County <i>Carford</i>     |               | MARYLAND             |               |
| Date of death <i>1905</i>  | Month <i>2</i>                                   | Day <i>17</i>                  | Years <i>66</i>           | Age <i>66</i> | Months <i>-</i>      | Days <i>-</i> |
| Sex <i>Male</i>  | Color or Race <i>Black</i>                       | Birth-place <i>Carford Co.</i> |                           |               |                      |               |
| Occupation <i>labor</i>  | Where Residing if not at place of death <i>-</i> |                                |                           |               |                      |               |
| Married, Single or Widowed <i>Single</i>                             | Name of Wife or Husband <i>-</i>                 |                                |                           |               |                      |               |
| Father's Name <i>John A. Taylor</i>                                  | Father's Birthplace <i>Balto. Co.</i>            |                                |                           |               |                      |               |
| Mother's Maiden Name <i>Janet Harris</i>                             | Mother's Birthplace <i>Carford Co.</i>           |                                |                           |               |                      |               |
| Name of person giving information <i>John A. Taylor Jr.</i>          | How related to deceased <i>Walker</i>            |                                |                           |               |                      |               |
| CAUSES OF DEATH  |  |                                |                           |               |                      |               |
| Primary  | <i>Sick for some years</i>                       |                                | How long                  |               |                      |               |
| immediate  | <i>no wife for over one year</i>                 |                                | How long                  |               |                      |               |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician         | <i>Geo. T. Cunningham</i> |               |                      |               |
|  |  | Address                        | <i>Carre de Grace</i>     |               |                      |               |
| Accident or Suicide?   |  | Undertaker                     |                           |               |                      |               |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |                   |          |          |        |  |
|-----------------------------------|---------------------|-------------------|----------|----------|--------|--|
| Died at                           |                     | Town              | County   | MARYLAND |        |  |
| Date of death 1905                | Month Feb           | Day 27            | Years 62 | Months - | Days - |  |
| Sex Male                          | Color or Race white | Birth-place Not   |          |          |        |  |
| Married, Single<br>or Widowed     |                     | Occupation Farmer |          |          |        |  |
| Name of Wife or Husband           |                     | Josphine Tucker   |          |          |        |  |
| Father's Name                     |                     | Aaron Tucker      |          |          |        |  |
| Mother's Maiden Name              |                     | Hannah J. Harken  |          |          |        |  |
| Name of person giving information |                     | James F. Tucker   |          |          |        |  |

CAUSES OF DEATH

|  |           |           |   |                          |
|--|-----------|-----------|---|--------------------------|
| PHYSICIAN<br>OR CORONER  | Primary   | Epilepsia | HF  | How long<br>about a year |
|  | Immediate |           | HF  | How long                 |
| Are the name, age, sex, color, date and place correctly given above? |           | Yes       | Signature of Physician<br>William J. Archer |                          |
|  |           |           | Address<br>Bel Air                          |                          |
| Accident or Suicide?   |           |           |   | ✓ Md                     |

Centre than.

Moses Webster

|           |           |         |           |         |                             |
|-----------|-----------|---------|-----------|---------|-----------------------------|
| Died at   | Town      | County  | Native of |         | Occupation                  |
|           | Rapedium  | Harford |           |         | MARYLAND                    |
| Date 1905 | Month Feb | Day 9   | Y. 88     | M. -    | D. -                        |
|           |           |         |           |         |                             |
| Male      | White     | Age 88  | Married   | Widow   | Divorced                    |
| Female    | Colored   |         | Single    | Widower | Number of children living 3 |

Husband of Helen Webster

Father's Name

Mother's Maiden Name

Leviah Webster

Cause of Death

Primary

La pipp

How long sick

Immediate

Immediate

Pneumonia

10 weeks

Accident, Suicide, Homicide

Reported by

ACGoske

Address

Hawrde Grac

Must be signed by physician, if any in attendance, other

undertaker or minister.



Name  
in  
Full

Charles J. Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |   |                                     |          |             |            |  |
|-----------------------------------|-------------------------|---|-------------------------------------|----------|-------------|------------|--|
| Died at                           |                         | Town                                    | County                              |          | MARYLAND    |            |  |
| Date of death                     | 1905                    | Month 2                                 | Day 15                              | Years 85 | Months      | Days 5     |  |
| Sex                               | Male                    | Color or Race                           | Colored                             |          | Birth-place | Harford Co |  |
| Occupation                        | Laborer                 | Where Residing if not at place of death |                                     |          |             |            |  |
| Married, <u>S</u> or <u>W</u>     | Name of Wife or Husband |   | (97)                                |          |             |            |  |
| Father's Name                     | unknown                 |   | Father's Birthplace unknown         |          |             |            |  |
| Mother's Maiden Name              | Sophia Williams         |   | Mother's Birthplace Harford Co. Md  |          |             |            |  |
| Name of person giving information | Wm. S. Tildon           |   | How related to deceased Halfbrother |          |             |            |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |               |                                   |
|--|---------------|-----------------------------------|
| Primary  | Althma        | How long                          |
| Immediate  | Heart Failure | By Mo.                            |
| Are the name, age, sex, color, date and place correctly given above? |               | yes                               |
|  |               | Signature of Physician<br>Address |
|  |               | J. H. Tildon<br>Physician         |
| Accident or Suicide?   |               |                                   |



Name  
in  
Full

Glen dora. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |          |
|-----------------------------------|---|-------------------------|----------|
| Died at                           | Town                                    | County                  | MARYLAND |
| Date of death                     | Month                                   | Day                     | Year     |
| 1906                              | 7                                       | 24                      | Age      |
| Sex                               | Color or Race                           | Birth-place             |          |
| Female                            | White                                   | Lendwry Me              |          |
| Occupation                        | Where Residing if not at place of death |                         |          |
| Infant                            | -                                       |                         |          |
| Married, Single or Widowed        | Name or Wife or Husband                 | Father's Birthplace     | Maryland |
|                                   | James J. Williams                       |                         |          |
| Mother's Maiden Name              | Ellen Jones                             | Mother's Birthplace     | Penns    |
| Name of person giving Information | Ridgway Ramsey                          | How related to deceased | None     |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Influenza.

How long

2 days

Immediate

Hepatic Bronchitis

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ridgway Ramsey

Address

Della Pa

Accident or Suicide?

